

# **Occurrence Screen V. 3.0 User Manual**

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# Introduction

## Overview

This software supports the Occurrence Screening process as described in the VHA (Veterans Health Administration) circular. It gathers and manipulates data for the following Occurrence Screens.

### *Readmission within 10 days (Screen 101.1)*

Justified exceptions excluded by the software.

- Scheduled readmission
- Prior discharge AMA (against medical advice) or Irregular
- Readmission to NHCU, Intermediate Medicine, or Domiciliary

Justified exceptions that cannot be excluded by the software.

- Readmission for alcohol or drug abuse, chemotherapy, or radiation therapy
- Condition precipitating readmission didn't exist at time of prior admission

### *Admission within 3 days following unscheduled Ambulatory Care visit (Screen 102)*

Justified exceptions excluded by the software.

- Scheduled admission
- Admission same day as visit
- Admission to Psychiatry Service, NHCU, Intermediate Medicine, or Domiciliary

### *Return to OR in same admission (Screen 107)*

Justified exceptions excluded by the software.

- Two operations separated by more than 7 days
- Second procedure unrelated to first
- Planned multiple stage procedure documented prior to first surgery (when the case **is** scheduled prior to the first surgery being done)

Justified exceptions that cannot be excluded by the software.

- Planned multiple stage procedure documented prior to first surgery (when the case **is not** scheduled prior to the first surgery being done)
- Second operation in response to findings from first procedure

## *Death (Screen 109)*

Justified exceptions excluded by the software.

- No justified exceptions can be excluded by the software

Justified exceptions that cannot be excluded by the software.

- DNR (do not resuscitate) order or local equivalent at time of admission or more than 7 days prior to death
- Admitted for palliative (terminal) care

**Note:** If any of the above justified exceptions that are excluded by the software are not being excluded at your site, please review your package setup.

Provisions are made within the package for the addition of other hospital-specific screens. National screens that were discontinued through policy changes are listed in the package as "Inactive" but may be made "Local" to reactivate them. They are as follows.

- 1.** Readmission within 14 days. (Screen 101)
- 2.** Admission within 3 days following Ambulatory Care surgery procedure. (Screen 103)
- 3.** Admission or ASIH from VA Nursing Home Care Unit.
  - a. Within 14 days of discharge from Acute Care. (Screen 104.1)
  - b. To Psychiatry Service. (Screen 104.2)
- 4.** Transfer from Intermediate Medicine.
  - a. Within 14 days of transfer from Acute Care. (Screen 105.1)
  - b. To Psychiatry Service. (Screen 105.2)
- 5.** Transfer to a Special Care unit within 72 hours of a surgical procedure. (Screen 106.2)
- 6.** Transfer to a Special Care Unit within 72 hours of transfer from a Special Care Unit. (Screen 106.1)
- 7.** Cardiac or respiratory arrest. (Screen 108)

## Functional Description

The Occurrence Screen package is a component of the Quality/Risk Management sub-system within the **VISTA** (Veterans Health Information Systems and Technology Architecture) system. It is designed to be used as a tool to accomplish the following.

- Automate the gathering of Occurrence Screen data. This is accomplished by a daily running of the automatic enrollment routine, which captures screens 101.1, 102, 107 (when site is using the **VISTA** Surgery package) and 109. Refer to the Overview section above for a listing of types of justified exceptions that are excluded by the software. There is provision for the manual entry of screens if they cannot be or were not auto enrolled from data currently available in the **VISTA** system.
- Provide for the inclusion of hospital-specific screens within the program. These screens must be entered manually. It also allows continued tracking of the screens that are no longer required.
- Automate the creation of clinical, peer, management, and committee worksheets. The findings and/or actions of the previous review levels can be printed.
- Facilitate the tracking of occurrences by means of various tracking reports. An ad hoc report feature is included for use in trend analysis.
- Produce the Semi-Annual Summary of Occurrence Screening.

# Orientation

The format of this manual is summarized in the Table of Contents. The Glossary defines general terms relevant to Occurrence Screening and computer use. The following summarizes some of the VA FileMan functions that are used within the Occurrence Screen package.

## **Exiting**

Depending on where you are within the program, entering an "up-arrow" (compressing the **shift** key while striking the **6**) will allow you to jump to the beginning of a new record or to the menu options. Then pressing the enter key until you pass through the different levels of the menus will exit you from the program or back to the menu option you wish to use.

## **Help (?, ??, or ???)**

Whenever you are unclear on the definition of a menu option or on how to respond to a prompt, one, two, or three question marks (three are always used for explanations of menu options) may be entered to obtain an explanation.

## **Deleting**

Deleting default answers that appear before a "/" or a "Replace" is done by entering @ (compressing the **shift** key while striking the **2**). Deleting word processing is done by using the delete key while on the same line of text. Text on a different line can only be deleted through "EDIT option". While in word processing, you may enter ? after "EDIT option:" to obtain a list of possible edits to the text.

## **Device**

Striking the <RET> or <CR> key following the "DEVICE:" prompt will print the requested output on the computer screen. If a "Right Margin" prompt shows, you will need to strike the <RET>/<CR> key once again. Enter the name of the printer/device following the "DEVICE:" prompt to print a hard copy of the output.

## **Patient Look-ups**

When prompted to enter a patient name, use at least two letters of the last name to identify the patient. Entering only a single letter in the Occurrence Screen package will bring up the text description for each screen beginning with that letter or the program will give you a "??" following the letter.

### **On-Line Documentation**

On-line documentation is provided in the form of Help throughout the program. At any time you become unsure of how to respond to a prompt, simply enter **?**, **??**, or **???** to obtain more information. Generally this package provides all on-line documentation for individual prompts by entering **?** or **??**. To obtain brief descriptions of each option within a menu, enter **???** following the "Select...Menu Option:". Description of the menu options can also be found under the Package Operation and throughout the instructional portion of this manual.

### **Date Range Selection**

One of the features of the Occurrence Screen package is the flexibility provided in the matter of dates to be used for inquiry and printouts. The date range prompts in Occurrence Screen follow a specific pattern throughout the package. Common date prompts are given in all instances where a range is desired, whether it be a month, quarter, year, semi-annual period or other. This feature is described below.

The basic prompt that will appear for date range selection is:

```
Monthly, Quarterly, Semi-Annual, Yearly, Fiscal Yearly, User Selectable  
Select date range:
```

Next, you are prompted for a specific date range for the type of range you have chosen. If data is entered that cannot be interpreted as appropriate for the range selected, error messages are displayed and you are returned to the basic date prompt.

## **Date Range Selection**

<b><u>Range</u></b>	<b><u>Prompt</u></b>	<b><u>Error Message(s)</u></b>
Monthly	Enter Month and Year:	Enter a month and year only
Quarterly	Enter Quarter and Year:	Enter quarter period in this format: 1-92, 2/92, or 3 92
Semi-Annual	Enter quarter Period and FY you wish Semi-Annual range to end with Enter Quarter and Year:	Enter quarter period in this format: 2-92, 2/92, or 2 92
Yearly	Enter YEAR:	Enter 2 or 4 digit year: 92 or 1992
Fiscal Yearly	Enter FISCAL YEAR:	Enter 2 or 4 digit fiscal year
User Selectable	Enter beginning and ending dates for the desired time period: Beginning Date: Ending Date:	Standard error messages for date entries

When a date range is selected, it is displayed on the screen in this format for reference and you are prompted for printer device and/or other specific information necessary to perform the option.

RANGE SELECTED: JAN 1, 1992 TO JAN 31, 1992

## **Multiple Patient Selection**

In this version of Occurrence Screen, we are giving you a choice of how you want to select patients for editing, closing, deleting, etc., for the following options:

Basic Occurrence Data  
Clinical, Peer, Manager Review  
Committee Review  
Final Disposition  
Quick Exception Edit  
Worksheets  
Open Closed/Deleted Occurrence Screen Record



## Multiple Patient Selection

In previous versions, you selected one patient and edited, closed, deleted, etc. the record. In this version, you can either continue using that method or you can use the method described here.

### Selecting patients by Single/Multiple Records

Select one of the following:

- 1 Single/Multiple Records
- 2 Records by Date Range

Patient selection method: Single/Multiple Records// 1 Single/Multiple Records

Select PATIENT: **GORIN**,HARRY 11-09-92 102 OPEN 04-05-56 387581000  
NSC VETERAN

Another one: **HARTE**,SHERRY 11-09-92 101.1 OPEN 02-03-45 309283948  
NSC VETERAN

Another one: <RET>

*The program then brings up each name as the prior patient edit is completed.*

### Selecting patients by date range

Select one of the following:

- 1 Single/Multiple Records
- 2 Records by Date Range

Patient selection method: Single/Multiple Records// 2 Records by Date Range

Monthly, Quarterly, Semi-Annually, Yearly, Fiscal Yearly, User Selectable  
Select date range: **USER SELECTABLE**

Enter beginning and ending dates for the desired time period:

Beginning Date: **T-1** (NOV 09, 1992)

Ending Date: NOV 9,1992// <RET> (NOV 09, 1992)

Range selected: NOV 9,1992 to NOV 9,1992

When you select a date range, you get all the patients that had occurrences in that range.

If you decide you want this functionality, you need to "turn it on" using the Site Parameters option. Throughout the Package Operation section of this manual, we have the function "turned on" so you can see how it works with those options that use it.

# Package Management

Occurrence screening is considered a Risk Management activity; therefore, Occurrence Screening records and documents stored and produced by this Occurrence Screen software are considered confidential and privileged. Title 38 U.S.C. 5705, as amended by Public Law 99-166, and the implementing HSRO (Health Services Review Organization) regulations (Title 38 Part 17) provide that HSRO records and documents which refer to individual practitioners are confidential and privileged. Exempt from this protection are aggregate statistical data, such as Occurrence Screening trend reports that do not identify individual VA patients or employees.

# Package Operation

## **Menu Description**

Occurrence Screen Manager Menu - It is suggested that this menu which contains all the Occurrence Screen options be used by IRM and be given to the QM ADPAC.

Occurrence Screen User Menu - It is suggested that this menu be given to the QM Coordinators and or other staff responsible for entering occurrence data into **VISTA**.

Basic Occurrence Data - Used to enter or change the basic occurrence data in an Occurrence Screen record that is relevant to all review levels.

Clinical, Peer, Manager Review - Used to enter and edit Clinical, Peer and Management reviews of occurrences.

Committee Review - Used to enter and edit Committee reviews of occurrences that have equipment or system issues.

Enter New Occurrence - Used to manually enter an occurrence into the system.

Final Disposition - Used for a quick disposition of the record.

Inquire Occurrence Screen Record - Allows the user to view any patient occurrence record.

Quick Exception Edit - Used to quickly mark records as exceptions.

Reports Menu - Main report menu for the Occurrence Screen package.

Ad Hoc Reports - Allows the users to design their own reports from the data in the Occurrence Screen package.

Adverse Findings - Produces a report of occurrences with care level findings of two or three.

Delinquent Reviews - Produces a report showing peer and management reviews that have not been closed and are now past the due dates for review.

Occurrences by Service - Produces a report of occurrences sorted by service with one service per page.

## **Menu Description**

Patients Awaiting Clinical Review - Produces a report showing which patients are still awaiting a clinical review.

Review Level Tracking - Produces a report showing the findings or actions taken for all completed reviews.

Service Statistics - Provides total numbers of occurrences for each service.

Statistical Review Summary - Produces a compiled report of occurrences, findings, etc.

Summary of Occurrence Screening (Semi-Annual Rpt.) - Produces the Summary of Occurrence Screening (Semi-Annual Report).

System/Equipment Problems - Produces a report of occurrences found to be caused by system or equipment problems.

Worksheets - Allows the user to print worksheets for all levels of review with or without any previously entered review data. You will get blank worksheets if you choose an occurrence that has no data entered or you may request blank worksheets.

Open Closed/Deleted Occurrence Screen Record - Allows the user to reopen a record for editing after it has been closed or deleted.

Package Setup Menu - The options within this menu should be populated when setting up the package. The options Site Parameters, Treating Specialty Care Types, and Clinical Reviewers must be completed prior to use of the auto enroll or the option Clinical, Peer, Manager Review.

Clinical Reviewers - Used to enter or change the names of the people who are to be used as clinical reviewers.

Committees - Used to enter/delete the names of the committees that will be conducting Occurrence Screen reviews.

Medical Teams - Used to enter or change the names of medical teams within the facility.

Reasons for Clinical Referral - Used to develop or change the list of reasons to refer a patient to second level review for all active Local screens.

## Menu Description

Site Parameters - Used to enter/edit the site parameters for the Occurrence Screen package.

Treating Specialty Care Types - Used to enter or change the care type designations (Special, Acute, Intermediate, NHCU, and Psychiatry) for all active treating specialties. **Note:** For accurate auto enrollment of screens 101.1 and 102, the treating specialties **must** be entered by MAS at the time of a patient movement.

VAMC-Specific Screens - Allows the user to enter site specific screens in the range of 201-999.99. Exceptions to these screens may also be entered. Screens can be marked as "Inactive" or "Local".

Purge/Delete Menu - Use this menu to delete records and to clean up your database, but use it with discretion. It is recommended that IRM and the QM ADPAC have this menu assigned to them.

Auto Enrollment Run Dates Purge - Used to delete data for a range of dates from the AUTO ENROLL RUN DATES file. This file contains the dates on which auto enroll was run and the number of patients auto enrolled for that date.

Delete Occurrence Screen Record - Used to treat an Occurrence Screen record as deleted. A deleted record remains in the file, but it is invisible to the user. A record may be "undeleted" by using the Reopen Closed/Deleted Occurrence Screen Record option.

Purge Deleted Occurrence Screen Records - Allow the site the ability to remove "deleted" records from the database.

Reports Menu: It is recommended that this Reports Menu be given to IRM and the QM ADPAC.

Audit File Inquiry - Allows the user to pick an Occurrence Screen record and view the audit file entry for this occurrence. The audit file data includes information on who modified the record, when it was modified, and what modification was performed.

Display Treating Specialty Care Types - Shows the treating specialties and the care types assigned to them.

## **Menu Description**

Enrollment Dates Tally - Produces a report showing the dates on which auto enroll ran or failed to run. For the dates auto enroll ran, the number of patients auto enrolled and manually entered is displayed.

Practitioner Code List - Used to update and print a practitioner code listing.

Reliability Assessment Worksheets - Provides worksheets for accomplishing the reliability assessment and computes the percentage of records reviewed for the assessment.

Run Auto Enrollment Manually - Runs auto enrollment for any given date in the past.

Summary of Occurrence Screen Transmission - Generates a bulletin that contains the statistical information found in the Summary of Occurrence Screening (Semi-Annual) report.

## Occurrence Screen User Menu

### Basic Occurrence Data

#### Introduction

This option is used to enter/edit the basic data in a patient's Occurrence Screen record. It contains fields for Ward/Clinic, Date, Screen, Severity of Outcome, Service, Treating Specialty, Medical Team, Attending, and Resident/Provider. Its use is not intended to add occurrence records to the file, but rather to augment data not captured at the time of auto or manual enrollment.

Changes to other portions of the patient's record must be made through the Clinical, Peer, Manager Review option, the Committee Review option, or the Final Disposition option.

#### Example

Select one of the following:

- 1 Single/Multiple Records
- 2 Records by Date Range

Patient selection method: Single/Multiple Records// **2** Records by Date Range

Monthly, Quarterly, Semi-Annually, Yearly, Fiscal Yearly, User Selectable  
Select date range: **USER SELECTABLE**

Enter beginning and ending dates for the desired time period:

Beginning Date: **T-1** (NOV 09, 1998)

Ending Date: NOV 9,1998// **<RET>** (NOV 09, 1998)

Range selected: NOV 9,1998 to NOV 9,1998

OCCURRENCE BEING REVIEWED

-----  
NAME : GORIN,HARRY

WARD/CLINIC :

DATE : NOV 09, 1998

SCREEN : 102 ADMISSION WITHIN 3 DAYS OF UNSCHEDULED AMB CARE VI SIT

SEVERITY OF OUTCOME: **1** Minor

DATE: NOV 9,1992// **<RET>**

SCREEN: 102// **<RET>**

WARD/CLINIC: **3C**

SERVICE: **MEDICINE**

## Occurrence Screen User Menu

### Basic Occurrence Data

#### Example

TREATING SPECIALTY/BEDSECTION: **GENERAL** (ACUTE MEDICINE)  
MEDICAL TEAM: **<RET>**  
ATTENDING PHYSICIAN: **JONES**, HARVEY  
RESIDENT/PROVIDER: **SMITH**, HAROLD

#### OCCURRENCE BEING REVIEWED

-----  
NAME : HARTE, SHERRY  
WARD/CLINIC : 3 NORTH  
DATE : NOV 09, 1998  
SCREEN : 101.1 READMISSION WITHIN 10 DAYS

SEVERITY OF OUTCOME: **0**  
DATE: NOV 9, 1998// **<RET>**  
SCREEN: 101.1// **<RET>**  
WARD/CLINIC: 3 NORTH// **<RET>**  
SERVICE: **SURGERY**  
TREATING SPECIALTY/BEDSECTION: **UROLOGY**  
MEDICAL TEAM: **<RET>**  
ATTENDING PHYSICIAN: **BLUE**, DOCTOR  
RESIDENT/PROVIDER: **<RET>**



## **Occurrence Screen User Menu Clinical, Peer, Manager Review**

### **Introduction**

This option is used to enter/edit the results of the review process. Data entered here is used for review tracking and for documenting the final disposition of each occurrence. The new functionality includes the following:

- ability to select a list of records for editing at the beginning of the option
- ability to bypass the basic occurrence data when entering more than one review level at a time
- ability to enter more than one service peer and management review.

You must show the final outcome of Peer review from each Service to which the occurrence is referred by answering YES to the "Final Peer Review:" prompt. If there is more than one Peer review for a single service, enter YES when the final Peer review findings are entered for that service. This affects data in the semi-annual report and the way the package manages peer attribution. (Management review here is the same as Service Chief review level.)

The basic occurrence data will appear only once, at the beginning of the review. Note that the Severity of Outcome now appears as part of the basic occurrence data.

The reasons for referral to second level review are different for each type of occurrence. These reasons may be edited using the Reasons for Clinical Referral option.

Be sure to enter the reviewing service. It affects the semi-annual report and protects the peer attribution by keeping the entries visible only to the corresponding service. Peer Attribution refers to those individuals, teams, or locations that probably contributed to the occurrence. These attribution fields relate to the service entered for the peer. Be sure to always enter a service for each peer reviewer. When more than one peer is reviewing the record, enter Peer again at the Review Level. This peer will be from a different service.

The example provided below shows a multiple service review at the peer level. Management works the same way.

## Occurrence Screen User Menu Clinical, Peer, Manager Review

### Example

Select one of the following:

- 1     Single/Multiple Records
- 2     Records by Date Range

Patient selection method: Single/Multiple Records// <RET>

Select PATIENT: **GORIN**,HARRY    04-05-56    387581000    NSC VETERAN    11-09-98  
102    OPEN

Another one: <RET>

OCCURRENCE BEING REVIEWED

-----  
NAME            : GORIN,HARRY  
WARD/CLINIC    : TEST CLINIC  
DATE            : NOV 09, 1998  
SCREEN          : 102    ADMISSION WITHIN 3 DAYS OF UNSCH EDULED AMB CARE VISIT

SEVERITY OF OUTCOME: 1    MINOR// <RET>

SERVICE: MEDICINE// <RET>

TREATING SPECIALTY/BEDSECTION: **GENERAL**    (ACUTE MEDICINE)

MEDICAL TEAM: <RET>

ATTENDING PHYSICIAN: JONES,HARVEY// <RET>

RESIDENT/PROVIDER: SMITH,HAROLD// <RET>

Select CLINICAL, PEER, or MANAGEMENT review level.  
Only one CLINICAL review level may be entered.

Select REVIEW LEVEL: **CLINICAL**    1

REVIEW LEVEL: CLINICAL// <RET>

REVIEWER NAME: **WILSON**,WILLIE

Select REASON FOR EXCEPTION: <RET>

FINDINGS: ??

          This is the finding of the reviewer at this review level.

CHOOSE FROM:

- 1     UCR - USUAL CUSTOMARY & REASONABLE
- 2     PEER REVIEW NEEDED
- 3     EXCEPTION TO CRITERIA
- 4     EQUIPMENT ISSUE
- 5     SYSTEM ISSUE
- 6     PEER REVIEW NEEDED AND EQUIPMENT ISSUE
- 7     PEER REVIEW NEEDED AND SYSTEM ISSUE
- 8     PEER REVIEW NEEDED AND EQUIPMENT AND SYSTEM ISSUES
- 9     EQUIPMENT AND SYSTEM ISSUES

FINDINGS: **7**    PEER REVIEW NEEDED AND SYSTEM ISSUE

## Occurrence Screen User Menu Clinical, Peer, Manager Review

### Example

PRIMARY REASON CLIN REFERRAL: ??

This is the field the Clinical reviewer enters to describe the primary reason the occurrence was referred to the next level of review.

CHOOSE FROM:

2	102	OUTPATIENT DRUG THERAPY
3	102	FOLLOWED TWO OR MORE OUTPATIENT VISITS FOR SAME ACUTE CONDITION
4	102	ESCALATION OF CARE INAPPROPRIATELY DELAYED
99	102	OTHER
1A	102	OUTPATIENT MANAGEMENT ISSUE: DENIAL OF CARE
1B	102	OUTPATIENT MANAGEMENT ISSUE: ADDRESSING OF ABNORMAL VITAL SIGNS
1C	102	OUTPATIENT MANAGEMENT ISSUE: COMPLETENESS OF PHYSICAL EXAM
1D	102	OUTPATIENT MANAGEMENT ISSUE: FOLLOW-UP OF PATIENT'S SYMPTOMS/COMPLAINTS
1E	102	OUTPATIENT MANAGEMENT ISSUE: FOLLOW-UP OF ABNORMAL DIAGNOSTIC TEST RESULTS
1F	102	OUTPATIENT MANAGEMENT ISSUE: USE OF CONSULTS
1G	102	OUTPATIENT MANAGEMENT ISSUE: RESPONSE TO CONSULTATION FINDINGS
1H	102	OUTPATIENT MANAGEMENT ISSUE: COMPLICATION OF OUTPATIENT PROCEDURE
1I	102	OUTPATIENT MANAGEMENT ISSUE: PATIENT EDUCATION
1J	102	OUTPATIENT MANAGEMENT ISSUE: FOLLOW-UP OF FINANCIAL OR SOCIAL SUPPORT PROBLEMS
1K	102	OUTPATIENT MANAGEMENT ISSUE: NON-COMPLIANCE AND FAILURE TO OBTAIN PRESCRIBED MEDICATIONS

PRIMARY REASON CLIN REFERRAL: **1C** 102 OUTPATIENT MANAGEMENT ISSUE: COMPLETENESS OF PHYSICAL EXAM

Select ACTION: ??

This is the action this reviewer has determined should be taken.  
Multiple actions may be entered.

CHOOSE FROM:

1	NO FURTHER ACTION
1.1	NO FURTHER ACTION (INVESTIGATION)
2	REFER TO PEER REVIEW
4	REFER TO COMMITTEE

Select ACTION: **2** REFER TO PEER REVIEW

Select ACTION: **4** REFER TO COMMITTEE

Select ACTION: <RET>

COMMENTS:

1>This is a word processing field  
2>so you can document as much  
3>information as you wish.  
4><RET>

EDIT Option: <RET>

## Occurrence Screen User Menu Clinical, Peer, Manager Review

### Example

DATE REVIEW COMPLETED: **t-2** (NOV 10, 1998)

Select REVIEW LEVEL: **PEER** 2

REVIEW LEVEL: PEER// **<RET>**

REVIEWER NAME: **USER**,JOE

REVIEWING SERVICE: **MEDICINE** 111

FINDINGS: ?

Enter the findings of this reviewer.

Appropriate Findings determined by Review Level

ANSWER WITH QA OCCURRENCE FINDINGS CODE

DO YOU WANT THE ENTIRE QA OCCURRENCE FINDINGS LIST? **Y** (YES)

CHOOSE FROM:

- 11 LEVEL 1 - MOST PRACTITIONERS WOULD HANDLE CASE SIMILARLY
- 12 LEVEL 2 - MOST PRACTITIONERS MIGHT HANDLE CASE DIFFERENTLY
- 13 LEVEL 3 - MOST PRACTITIONERS WOULD HANDLE CASE DIFFERENTLY

FINDINGS: **12** LEVEL 2 - MOST PRACTITIONERS MIGHT HANDLE CASE DIFFERENTLY

Select ACTION: ?

ANSWER WITH ACTION

YOU MAY ENTER A NEW ACTION, IF YOU WISH

Enter the recommended Action(s).

Authorized Actions determined by Review Level

ANSWER WITH QA OCCURRENCE ACTION CODE

DO YOU WANT THE ENTIRE QA OCCURRENCE ACTION LIST? **Y** (YES)

CHOOSE FROM:

- 1 NO FURTHER ACTION
- 2 REFER TO PEER REVIEW
- 3 REFER TO MANAGEMENT REVIEW
- 4 REFER TO COMMITTEE
- 6 REFER TO CHIEF OF STAFF

Select ACTION: **3** REFER TO MANAGEMENT REVIEW

Select ACTION: **<RET>**

COMMENTS:

- 1>**This comments field is word**
- 2>**processing so your comments**
- 3>**can be as lengthy as you wish.**
- 4> **<RET>**

EDIT Option: **<RET>**

DATE REVIEW COMPLETED: **t** (NOV 12, 1998)

FINAL PEER REVIEW PER SERVICE: NO// **YES**

Do you wish to enter peer attributions? NO// **Y** (YES)

Select PEER ATTRIBUTION (INDIVIDUAL): **JONES**,HARVEY

PEER ATTRIBUTION (INDIVIDUAL): JONES,HARVEY// **<RET>**

Select PEER ATTRIBUTION (INDIVIDUAL): **<RET>**

## Occurrence Screen User Menu Clinical, Peer, Manager Review

### Example

Select PEER ATTRIBUTION (MED TEAM): <RET>

Select PEER ATTRIBUTION (HOSP LOC): <RET>

Select REVIEW LEVEL: **PEER** 2

Choose from:

2 PEER USER,JOE MEDICINE

Choose (2): <RET>

Are you adding PEER as a new review level? NO// **Y** (YES)

REVIEW LEVEL: PEER// <RET>

REVIEWER NAME: **REVIEWER**,PARNELL

REVIEWING SERVICE: **NURSING** 118

FINDINGS: **11** LEVEL 1 - MOST PRACTITIONERS WOULD HANDLE CASE SIMILARLY

Select ACTION: 1// <RET> NO FURTHER ACTION

Select ACTION: <RET>

COMMENTS:

1>Comments can be as long as

2>you wish.

3><RET>

EDIT Option: <RET>

DATE REVIEW COMPLETED: **t** (NOV 12, 1998)

FINAL PEER REVIEW PER SERVICE: NO// **YES**

Do you wish to enter peer attributions? NO// <RET> (NO)

Select REVIEW LEVEL: **MANAGEMENT** 3

REVIEW LEVEL: MANAGEMENT// <RET>

REVIEWER NAME: **MANAGER**,JOE

REVIEWING SERVICE: **MEDICINE** 111

## Occurrence Screen User Menu Clinical, Peer, Manager Review

### Example

Select ACTION: ??

This is the action this reviewer has determined should be taken.  
Multiple actions may be entered.

CHOOSE FROM:

- 1 NO FURTHER ACTION
- 8 DISCUSSION OF CASE AT SERVICE STAFF MEETING
- 9 DISCUSSION OF CASE AT M&M CONFERENCE
- 10 SERVICE EDUCATION PROGRAM
- 11 FACILITY EDUCATION PROGRAM
- 12 DISCUSSION OF CASE WITH PRACTITIONER BY SUPERVISOR
- 13 FORMAL COUNSELLING OF PRACTITIONER BY SUPERVISOR
- 14 ADMINISTRATIVE OR QA INVESTIGATION
- 15 ADMINISTRATIVE INVESTIGATION TO REVIEW PRIVILEGES
- 16 OTHER DISCIPLINARY ACTION
- 17 CHANGES IN POLICY OR PROCEDURES
- 18 REPAIR OF MALFUNCTIONING EQUIPMENT
- 19 CHANGE IN ORDERING OF MEDICAL SUPPLIES OR EQUIPMENT
- 20 DEVELOPMENT OF IMPROVED COMMUNICATION PROCEDURES
- 21 FORMAL STUDY OF ISSUES RAISED BY OCCURRENCE SCREENING
- 22 OTHER

Select ACTION: 9 DISCUSSION OF CASE AT M&M CONFERENCE

Select ACTION: 13 FORMAL COUNSELLING OF PRACTITIONER BY SUPERVISOR

Select ACTION: <RET>

COMMENTS:

1>Comments can be as lengthy

2>as necessary.

3><RET>

EDIT Option: <RET>

DATE REVIEW COMPLETED: t (NOV 12, 1998)

Select REVIEW LEVEL: <RET>

Do you wish to enter a FINAL DISPOSITION? NO// y (YES)

OCCURRENCE BEING CLOSED OUT

-----

NAME : GORIN, HARRY

WARD/CLINIC : TEST CLINIC

DATE : NOV 09, 1998

SCREEN : 102 ADMISSION WITHIN 3 DAYS OF UNSCHEDULED AMB CARE VISIT

REVIEW DUE DATES

-----

PEER : NOV 17, 1998

MGMT : NOV 24, 1998

FINAL DISPOSITION DATE: TODAY// <RET> (NOV 12, 1998)

FINAL DISPOSITION REACHED BY: MANAGEMENT 3

STATUS: CLOSED// <RET>

## Occurrence Screen User Menu Committee Review

### Introduction

The Committee Review option is used to enter findings for system and/or equipment problems. A record cannot be closed through this option. A record can only be closed via the Clinical, Peer, Manager Review option or via the Final Disposition option.

### Example

Select one of the following:

- 1           Single/Multiple Records
- 2           Records by Date Range

Patient selection method: Single/Multiple Records// 1 Single/Multiple Records

Select PATIENT: GORIN,HARRY   04-05-56   387581000   NSC VETERAN   11-09-98  
102   OPEN

Another one: <RET>

OCCURRENCE BEING REVIEWED	REVIEW DUE DATES
-----	-----
NAME           : GORIN,HARRY	PEER : NOV 17,1998
WARD/CLINIC   : TEST CLINIC	MGMT : NOV 24,1998
DATE           : NOV 09, 1998	
SCREEN         : 102   ADMISSION WITHIN 3 DAYS OF UNSCHEDULED AMB CARE VISIT	

Select COMMITTEE: COMMITTEE ONE   C1

CONFIRMED ISSUE: ??

This is the confirmed issue type.

CHOOSE FROM:

- 1           EQUIPMENT PROBLEMS
- 2           SYSTEM PROBLEMS
- 3           EQUIPMENT & SYSTEM PROBLEMS
- 4           NONE

CONFIRMED ISSUE: 2   SYSTEM PROBLEMS

COMMENTS:

1>This is a word processing field

2>for entry of any comments

3>regarding this occurrence.

4><RET>

EDIT Option: <RET>

Select COMMITTEE: <RET>

## Occurrence Screen User Menu

### Enter New Occurrence

#### Introduction

This option is used to manually enter an occurrence into the system. Its main use would be to enter screens 107 and 108, the non-auto enrolled screens. Use this option to enter the occurrences into the software for any locally built screens or any national screens that cannot be auto enrolled.

Keep in mind when editing the WARD/CLINIC field that this field determines the service for the Service Statistics report. The Service Statistics report is comprised of only the bed services.

#### Example

```
Do you wish to see list of open occurrences? NO// <RET> (NO)

Select PATIENT: ROOSTER,ROY 02-05-59 374572647 EMPLOYEE
Select OCCURRENCE DATE: T (NOV 13, 1998)

Is this the correct date (Y/N)? YES// <RET> (YES)

Select SCREEN: ??

CHOOSE FROM:
101.1 READMISSION WITHIN 10 DAYS
102 ADMISSION WITHIN 3 DAYS OF UNSCHEDULED AMB CARE VISIT
106.1 TRANSFER TO SPECIAL CARE UNIT, FROM SC
107 RETURN TO OR IN SAME ADMISSION
108 CARDIAC OR RESPIRATORY ARREST
109 DEATH
199 READMISSION WITHIN 48 HOURS OF D/C TO EXTENDED CARE

Select SCREEN: 108 CARDIAC OR RESPIRATORY ARREST

WARD/CLINIC: 3 NORTH

Do you wish to make any corrections to this entry (Y/N)? NO// <RET> (NO)

Do you wish to start review process for this entry (Y/N)? YES// N (NO)
```



## Occurrence Screen User Menu

### Final Disposition

#### Introduction

This option allows you to enter the final disposition for an occurrence. You are prompted for final disposition date and the review level at which the final disposition was reached.

#### Example

Select one of the following:

- 1           Single/Multiple Records
- 2           Records by Date Range

Patient selection method: Single/Multiple Records// **1** Single/Multiple Records

Select PATIENT: **GORIN,HARRY**   04-05-56   387581000   NSC VETERAN   11-09-98  
102   OPEN

Another one: **<RET>**

OCCURRENCE BEING CLOSED OUT	REVIEW DUE DATES
-----	-----
NAME           : GORIN,HARRY	PEER : NOV 17,1998
WARD/CLINIC   : TEST CLINIC	MGMT : NOV 24,1998
DATE           : NOV 09, 1998	
SCREEN         : 102   ADMISSION WITHIN 3 DAYS OF UNSCHEDULED AMB CARE VISIT	

FINAL DISPOSITION DATE: TODAY// **<RET>** (NOV 13, 1992)

FINAL DISPOSITION REACHED BY: **??**

This field tracks which review level entered a final disposition. Some options allow data to be entered manually while others automatically store the data.

CHOOSE FROM:

CLINICAL	1
COMMITTEE	4
MANAGEMENT	3
PEER	2

FINAL DISPOSITION REACHED BY: **MANAGEMENT**   3

STATUS: CLOSED// **<RET>**

## **Occurrence Screen User Menu**

### **Inquire Occurrence Screen Record**

#### **Introduction**

This option provides a quick view of data in a patient's Occurrence Screen record in standard VA FileMan Inquiry format. All fields that contain data are shown including the coded Occurrence Identifier.

#### **Example**

```
Select PATIENT:  GORIN,HARRY    04-05-56    387581000    NSC VETERAN    11-09-98
102    CLOSED
```

```
Another one: <RET>
```

```
DEVICE:  HOME// <RET>
```

```
RIGHT MARGIN: 80// <RET>
```

## Occurrence Screen User Menu

### Inquire Occurrence Screen Record

#### Example

QA OCCURRENCE SCREEN LIST

NOV 13,1998 08:28 PAGE 1

-----

QA PATIENT: GORIN,HARRY  
DATE: NOV 9, 1998  
WARD/CLINIC: TEST CLINIC  
TREATING SPECIALTY/BEDSECTION: GENERAL (ACUTE MEDICINE)  
ATTENDING PHYSICIAN: JONES,HARVEY  
STATUS: CLOSED  
MANAGEMENT DUE DATE: NOV 24, 1998  
TOTAL ELAPSED DAYS: 4  
SEVERITY OF OUTCOME: 1 MINOR  
PEER ATTRIBUTION (INDIVIDUAL): JONES,HARVEY  
SERVICE: MEDICINE  
AUDIT: QA OCCURRENCE SCREEN  
COMMITTEE: COMMITTEE ONE  
COMMENTS: This is a word processing field for entry of any comments regarding this occurrence.

ASSOCIATED ADMISSION: NOV 9, 1998  
OCCURRENCE IDENTIFIER: KIG007H  
SERVICE: MEDICINE  
RESIDENT/PROVIDER: SMITH,HAROLD  
PEER DUE DATE: NOV 17, 1992  
FINAL DISPOSITION DATE: NOV 13, 1998  
FINAL DISPOSITION REACHED BY: MANAGEMENT  
RECORD CREATION DATE: NOV 9, 1998

REVIEW LEVEL: CLINICAL  
DATE REVIEW COMPLETED: NOV 10, 1998  
PRIMARY REASON CLIN REFERRAL: 1C OUTPATIENT MANAGEMENT ISSUE: COMPLETENESS OF PHYSICAL EXAM  
FINDINGS: 7 PEER REVIEW NEEDED AND SYSTEM ISSUE  
ELAPSED DAYS: 1  
ACTION: 2 REFER TO PEER REVIEW  
ACTION: 4 REFER TO COMMITTEE  
COMMENTS: This is a word processing field so you can document as much information as you wish.

NAME: WILSON,WILLIE

REVIEW LEVEL: PEER  
DATE REVIEW COMPLETED: NOV 12, 1998  
FINDINGS: 12 LEVEL 2 - MOST PRACTITIONERS MIGHT HANDLE CASE DIFFERENTLY  
ELAPSED DAYS: 3  
REVIEWING SERVICE: MEDICINE  
ACTION: 3 REFER TO MANAGEMENT REVIEW  
COMMENTS: This comments field is word processing so your comments can be as lengthy as you wish.

NAME: UPSALL,JOSEPH

REVIEW LEVEL: PEER  
DATE REVIEW COMPLETED: NOV 12, 1998  
FINDINGS: 11 LEVEL 1 - MOST PRACTITIONERS WOULD HANDLE CASE SIMILARLY  
ELAPSED DAYS: 3  
REVIEWING SERVICE: NURSING  
ACTION: 1 NO FURTHER ACTION  
COMMENTS: Comments can be as long as you wish.

NAME: RESTEIG,PARNELL

REVIEW LEVEL: MANAGEMENT  
DATE REVIEW COMPLETED: NOV 12, 1998  
ELAPSED DAYS: 3  
REVIEWING SERVICE: MEDICINE  
ACTION: 9 DISCUSSION OF CASE AT M&M CONFERENCE  
ACTION: 13 FORMAL COUNSELLING OF PRACTITIONER BY SUPERVISOR  
COMMENTS: Comments can be as lengthy as necessary.

NAME: MANDERON,JOE

SCREEN: 102

## Occurrence Screen User Menu

### Quick Exception Edit

#### Introduction

This option allows you to enter exceptions more quickly than through the Clinical, Peer, Manager Review option. The user is prompted for a clinical reviewer, a patient, and the specific exception(s). The occurrence is then automatically marked as an exception and closed out.

#### Example

Select CLINICAL REVIEWER: WILSON,WILLIE      WILSON,WILLIE

Select one of the following:

- 1      Single/Multiple Records
- 2      Records by Date Range

Patient selection method: Single/Multiple Records// 1    Single/Multiple Records

Select PATIENT: 9    ROOSTER,ROY    11-13-98    108    OPEN    02-05-59    374572647  
EMPLOYEE

Another one: <RET>

#### OCCURRENCE BEING REVIEWED

-----  
NAME            : ROOSTER,ROY  
WARD/CLINIC    : 3 NORTH  
DATE            : NOV 13, 1998  
SCREEN          : 108    CARDIAC OR RESPIRATORY ARREST

Select EXCEPTION: ??

Select an exception name or number, to deselect an item  
type a minus sign (-) in front of it, e.g. -EXCEPTION.

CHOOSE FROM:

15   DID NOT SURVIVE ARREST            1            108

Select EXCEPTION: 15   DID NOT SURVIVE ARREST            1            108

Another one: <RET>

Entering Clinical Review Findings as Exception to Criteria...Finished  
Entering Final Disposition...Finished

## Occurrence Screen User Menu

### Reports Menu

### Ad Hoc Reports

# Introduction

Use this Ad Hoc option to design reports. Included for greater flexibility in your design are the following sort and print modifiers. For a more complete description on how to use the modifiers available in Ad Hoc Reports, see the QM Integration Module Version 1.5, User Manual.

## Sort Modifiers

Macro functions:	[L Load sort macro	[S Save sort macro
[O Output macro	[I Inquire sort macro	[D Delete sort macro

Sort prefixes: (e.g. enter +1 to turn on totaling for field 1)

+	Totalled fields	-	Reverse sort order	!	Sequence/ranking number
#	New page on sort	@	Suppress sub-header	'	Range without sorting

Sort suffixes: (e.g. enter 1;C5 to print the field 1 sub-header at column 5)

;Cn	- Start the sub-header at column n	;Ln	- Use the first n characters of a field value for sorting
;Sn	- Skip n lines every time the sort field value changes	;"xxx"	- Use xxx as the sub-header caption, for no caption ;"

## Print Modifiers

```
Macro functions:      [L Load print macro          [S Save print macro
    [O Output macro   [I Inquire print macro      [D Delete print macro
```

```
Print prefixes:  (e.g. enter !1 to turn on counting for field 1)
  & Total              ! Count              + Total, Count & Mean
  # Total, Count, Mean, Maximum, Minimum, and Standard Deviation
```

```

Print suffixes:      (e.g. enter 1;C5 to print the field 1 value at column 5)
;Cn  - Start output at column n          ;Yn  - Start output at line n
      Use ;C-n to start output n        Use ;Y-n to start output n
      columns from the right margin      lines from the bottom margin
;Ln  - Left justify data in an          ;Rn  - Right justify data in an
      output field of n characters       output field of n characters
      Will truncate the output           Will not truncate the output
;Wn  - Wrap output in a field of n      ;X    - Omit spaces between print
      characters, breaks at word         fields and suppress the
      divisions, default wrap ;W        column header
;Sn  - Skip n lines before printing      ;Dn  - Output numeric value with n
      Use ;S to skip one line            decimal places (rounds off)
;N   - Do not print duplicated data      ;T    - Use field Title as header
;" " - Suppress column header            ;"xxx" - Use xxx as column header
      columns from the right margin      lines from the bottom margin

```

## Occurrence Screen User Menu

### Reports Menu

### Ad Hoc Reports

### Example

The following description shows you how to obtain a report of occurrences by ward/clinic. Then using VA File Manager modifiers, we show you how to change the appearance of the report. Sort and print choices are starred (\*). **Note:** You must accept every Clinic Service when using the sort field "Clinic Service". For all other sort fields, you are allowed to limit within the selection.

```
===== Occurrence Screen Ad Hoc Report Generator =====

1  Occurrence Screen                21  Review Level (Clin,Peer,Mgmt)
2  Patient Name                    22  Reviewer Name
3  Social Security Number          23  Reviewer Service
4  Date of Occurrence              24  Reviewer Findings
5  Screen Status                   25  Reviewer Actions
6  Occurrence Identifier            Reviewer Comments
7  Associated Admission             27  Date Review Completed
8  Severity of Outcome             28  Reviewer Elapsed Days
9  Ward/Clinic                     29  Primary Reason Clin Referral
10 Service/Section                 30  Reason for Exception
11 Bed Service                     31  Final Peer Review Per Service
12 Clinic Service                  32  Committee
13 Treating Specialty              33  Committee Confirmed Issue
14 Medical Team                   Committee Comments
15 Attending Physician             35  Peer Attrib (Individual)
16 Resident/Provider              36  Serv Peer Attrib (Individual)
17 Status (Open,Closed,Deleted)    37  Peer Attrib (Med Team)
18 Final Disposition Date          38  Serv Peer Attrib (Med Team)
19 Final Disposition Authority      39  Peer Attrib (Hosp Loc)
20 Total Elapsed Days              40  Serv Peer Attrib (Hosp Loc)

Sort selection # 1: 4  Date of Occurrence

Sort from: BEGINNING// <RET>
```

# Occurrence Screen User Menu

## Reports Menu

### Ad Hoc Reports

#### Example

===== Occurrence Screen Ad Hoc Report Generator =====

1	Occurrence Screen	21	Review Level (Clin,Peer,Mgmt)
2	Patient Name	22	Reviewer Name
3	Social Security Number	23	Reviewer Service
4 *	Date of Occurrence	24	Reviewer Findings
5	Screen Status	25	Reviewer Actions
6	Occurrence Identifier		Reviewer Comments
7	Associated Admission	27	Date Review Completed
8	Severity of Outcome	28	Reviewer Elapsed Days
9	Ward/Clinic	29	Primary Reason Clin Referral
10	Service/Section	30	Reason for Exception
11	Bed Service	31	Final Peer Review Per Service
12	Clinic Service	32	Committee
13	Treating Specialty	33	Committee Confirmed Issue
14	Medical Team		Committee Comments
15	Attending Physician	35	Peer Attrib (Individual)
16	Resident/Provider	36	Serv Peer Attrib (Individual)
17	Status (Open,Closed,Deleted)	37	Peer Attrib (Med Team)
18	Final Disposition Date	38	Serv Peer Attrib (Med Team)
19	Final Disposition Authority	39	Peer Attrib (Hosp Loc)
20	Total Elapsed Days	40	Serv Peer Attrib (Hosp Loc)

Sort selection # 2 : 9 Ward/Clinic

Sort from: BEGINNING// <RET>

# Occurrence Screen User Menu

## Reports Menu

### Ad Hoc Reports

#### Example

===== Occurrence Screen Ad Hoc Report Generator =====

1	Occurrence Screen	21	Review Level (Clin,Peer,Mgmt)
2	Patient Name	22	Reviewer Name
3	Social Security Number	23	Reviewer Service
4 *	Date of Occurrence	24	Reviewer Findings
5	Screen Status	25	Reviewer Actions
6	Occurrence Identifier		Reviewer Comments
7	Associated Admission	27	Date Review Completed
8	Severity of Outcome	28	Reviewer Elapsed Days
9 *	Ward/Clinic	29	Primary Reason Clin Referral
10	Service/Section	30	Reason for Exception
11	Bed Service	31	Final Peer Review Per Service
12	Clinic Service	32	Committee
13	Treating Specialty	33	Committee Confirmed Issue
14	Medical Team		Committee Comments
15	Attending Physician	35	Peer Attrib (Individual)
16	Resident/Provider	36	Serv Peer Attrib (Individual)
17	Status (Open,Closed,Deleted)	37	Peer Attrib (Med Team)
18	Final Disposition Date	38	Serv Peer Attrib (Med Team)
19	Final Disposition Authority	39	Peer Attrib (Hosp Loc)
20	Total Elapsed Days	40	Serv Peer Attrib (Hosp Loc)

Sort selection # 3: 1 Occurrence Screen

Sort from: BEGINNING// <RET>



# Occurrence Screen User Menu

## Reports Menu

### Ad Hoc Reports

#### Example

```
===== Occurrence Screen Ad Hoc Report Generator =====

1 * Occurrence Screen                21 Review Level (Clin,Peer,Mgmt)
2 Patient Name                      22 Reviewer Name
3 Social Security Number             23 Reviewer Service
4 * Date of Occurrence               24 Reviewer Findings
5 Screen Status                     25 Reviewer Actions
6 Occurrence Identifier              Reviewer Comments
7 Associated Admission               27 Date Review Completed
8 Severity of Outcome               28 Reviewer Elapsed Days
9 * Ward/Clinic                     29 Primary Reason Clin Referral
10 Service/Section                  30 Reason for Exception
11 Bed Service                      31 Final Peer Review Per Service
12 Clinic Service                   32 Committee
13 Treating Specialty               33 Committee Confirmed Issue
14 Medical Team                    Committee Comments
15 Attending Physician              35 Peer Attrib (Individual)
16 Resident/Provider                36 Serv Peer Attrib (Individual)
17 Status (Open,Closed,Deleted)     37 Peer Attrib (Med Team)
18 Final Disposition Date           38 Serv Peer Attrib (Med Team)
19 Final Disposition Authority       39 Peer Attrib (Hosp Loc)
20 Total Elapsed Days               40 Serv Peer Attrib (Hosp Loc)

Sort selection # 4: <RET>
```

# Occurrence Screen User Menu

## Reports Menu

### Ad Hoc Reports

#### Example

===== Occurrence Screen Ad Hoc Report Generator =====

1	Occurrence Screen	21	Review Level (Clin,Peer,Mgmt)
2	Patient Name	22	Reviewer Name
3	Social Security Number	23	Reviewer Service
4	Date of Occurrence	24	Reviewer Findings
5	Screen Status	25	Reviewer Actions
6	Occurrence Identifier	26	Reviewer Comments
7	Associated Admission	27	Date Review Completed
8	Severity of Outcome	28	Reviewer Elapsed Days
9	Ward/Clinic	29	Primary Reason Clin Referral
10	Service/Section	30	Reason for Exception
11	Bed Service	31	Final Peer Review Per Service
12	Clinic Service	32	Committee
13	Treating Specialty	33	Committee Confirmed Issue
14	Medical Team	34	Committee Comments
15	Attending Physician	35	Peer Attrib (Individual)
16	Resident/Provider	36	Serv Peer Attrib (Individual)
17	Status (Open,Closed,Deleted)	37	Peer Attrib (Med Team)
18	Final Disposition Date	38	Serv Peer Attrib (Med Team)
19	Final Disposition Authority	39	Peer Attrib (Hosp Loc)
20	Total Elapsed Days	40	Serv Peer Attrib (Hosp Loc)

Print selection # 1: 1 Occurrence Screen

# Occurrence Screen User Menu

## Reports Menu

### Ad Hoc Reports

#### Example

===== Occurrence Screen Ad Hoc Report Generator =====

1 * Occurrence Screen	21 Review Level (Clin,Peer,Mgmt)
2 Patient Name	22 Reviewer Name
3 Social Security Number	23 Reviewer Service
4 Date of Occurrence	24 Reviewer Findings
5 Screen Status	25 Reviewer Actions
6 Occurrence Identifier	26 Reviewer Comments
7 Associated Admission	27 Date Review Completed
8 Severity of Outcome	28 Reviewer Elapsed Days
9 Ward/Clinic	29 Primary Reason Clin Referral
10 Service/Section	30 Reason for Exception
11 Bed Service	31 Final Peer Review Per Service
12 Clinic Service	32 Committee
13 Treating Specialty	33 Committee Confirmed Issue
14 Medical Team	34 Committee Comments
15 Attending Physician	35 Peer Attrib (Individual)
16 Resident/Provider	36 Serv Peer Attrib (Individual)
17 Status (Open,Closed,Deleted)	37 Peer Attrib (Med Team)
18 Final Disposition Date	38 Serv Peer Attrib (Med Team)
19 Final Disposition Authority	39 Peer Attrib (Hosp Loc)
20 Total Elapsed Days	40 Serv Peer Attrib (Hosp Loc)

Print selection # 2: <RET>

Do you want the report to include 'deleted' records? NO// <RET> (NO)

Do you want the report to include 'exception to criteria' records? NO//  
<RET> (NO)

Enter special report header, if desired (maximum of 60 characters).  
**Occurrences by Ward/Clinic**

DEVICE: <RET> RIGHT MARGIN: 80// <RET>

**Occurrence Screen User Menu**  
**Reports Menu**  
**Ad Hoc Reports**

**Example**

Take a close look at the information in this report. Each date that had an occurrence is shown with the ward/clinic and occurrence listed. This information can be presented in a clearer format. Take a look at the next page.

Occurrences by Ward/Clinic  
Screen

FEB 16,1999 11:49 PAGE 1

---

	Occurrence Date: DEC 6,1998	
	Ward/Clinic: 1 WEST	
101.1		
	Occurrence Date: DEC 21,1998	
	Ward/Clinic: 1 WEST	
102		
	Occurrence Date: FEB 2,1999 12:42	
	Ward/Clinic: 1 WEST	
107		
	Occurrence Date: FEB 3,1999	
	Ward/Clinic: 1 EAST	
102		
102		
201		
201		
	Ward/Clinic: 1 NORTH	
108		
	Ward/Clinic: 1 SOUTH	
106.1		
	Ward/Clinic: 1 WEST	
102		
109		

## **Occurrence Screen User Menu**

### **Reports Menu**

### **Ad Hoc Reports**

#### **Example**

Now let's modify the printout. Enter the following sort and print fields along with their modifiers.

The ' sort modifier will select this range but sort by the other chosen sort fields. This modifier is often used with a date field.

Sort by:

---

'4 Date of Occurrence

The + sort modifier prints subtotals for the field. It must be present when the ! print modifier is used. The C5 and C25 will space each sort field respectively at the fifth column and the 25th column. The S1 used with ward/clinic will space one line whenever a new ward/clinic prints.

+9;C5;S1 Ward/Clinic

+1;C25 Occurrence Screen

At the "Sort selection #1 :" prompt, enter each sort separated by a comma as shown here. This will save you steps.

Sort selection #1 : '4,+9;C5;S1,+1;C25

The ! print modifier prints counts for the field. The count will begin in column 40 and the column will be titled "TOTALS".

Print by:

---

!10;C40;"TOTALS" Ward/Clinic

# **Occurrence Screen User Menu** **Reports Menu** **Ad Hoc Reports**

## **Example**

Here's what we printed. The count is for the date range we selected without sorting by each date. We added the date range to the header. Now our main sort is the ward/clinic field and within that Occurrence Screen. Note how much easier it is to see that 1 West had a total of 5 occurrences, one of which was a death. We also see that there were a total of 11 occurrences, 2 of which were locally defined types (201).

Number Occurrences by Ward/Clinic 10/98-2/99      FEB 16,1999    11:53      PAGE 1  
TOTALS

```

-----
      WARD/CLINIC: 1 EAST
                Screen: 102
SUBCOUNT                                2
                Screen: 201
SUBCOUNT                                2
SUBCOUNT                                4

      WARD/CLINIC: 1 NORTH
                Screen: 108
SUBCOUNT                                1
SUBCOUNT                                1

      WARD/CLINIC: 1 SOUTH
                Screen: 106.1
SUBCOUNT                                1
SUBCOUNT                                1

      WARD/CLINIC: 1 WEST
                Screen: 101.1
SUBCOUNT                                1
                Screen: 102
SUBCOUNT                                2
                Screen: 107
SUBCOUNT                                1
                Screen: 109
SUBCOUNT                                1
SUBCOUNT                                5
COUNT                                  11

```

# **Occurrence Screen User Menu**

## **Reports Menu**

### **Adverse Findings**

#### **Introduction**

This option produces a report (by service) of occurrences with care level findings of two or three for a selected date range. You may choose to include on the report the names of the following items, the codes of those items, or none of those items.

attending physician resident/provider  
medical team  
attributions

#### **Example**

Do you want the report to include the (N)ames/(C)odes of the ATTENDING  
PHYSICIAN RESIDENT/PROVIDER, MEDICAL TEAM, and ATTRIBUTIONS, or none (X) of  
the above?

CHOOSE (N/C/X): N// **X**

Monthly, Quarterly, Semi-Annually, Yearly, Fiscal Yearly, User Selectable  
Select date range: **USER SELECTABLE**

Enter beginning and ending dates for the desired time period:

Beginning Date: **1/1/98** (JAN 01, 1998)

Ending Date: JAN 1,1998// **T** (FEB 04, 1998)

Range selected: JAN 1,1998 to FEB 04, 1998

DEVICE: **<RET>** RIGHT MARGIN: 80// **<RET>**

**Occurrence Screen User Menu**  
**Reports Menu**  
**Adverse Findings**

**Example**

ADVERSE FINDINGS FEB 4,1998  
PERIOD FROM JAN 1,1998 TO FEB 4,1998 PAGE: 1

\*\* This information is confidential in accordance with Title 38 U.S.C. 5705 \*\*

PATIENT	SSN	OCCURRENCE	SCREEN	STATUS	LEVEL
-----					
SERVICE: MEDICINE					
CORNUCE, DONALD	287490398	FEB 3,1998	102	OPEN	LEVEL 2
FEATHERSPOON, DOMINICK	345612039	FEB 2,1998	107	OPEN	LEVEL 2
GORIN, HARRY	387581000	FEB 3,1998	102	CLOSED	LEVEL 2
SILVERBERRY, NANCY	378012345	FEB 3,1998	102	CLOSED	LEVEL 2



## **Occurrence Screen User Menu**

### **Reports Menu**

### **Delinquent Reviews**

#### **Introduction**

This option produces a report of open occurrences of peer and manager reviews whose completion dates are greater than the due date. Peer and management due and completed dates are shown. The report only looks for the first peer and management reviews for an occurrence. Delays cannot be determined for multiple reviews per level.

Delays can only be determined if the fields for Peer Review Days and Management Review Days are filled in through the Site Parameters option.

#### **Example**

Monthly, Quarterly, Semi-Annually, Yearly, Fiscal Yearly, User Selectable  
Select date range: **USER** SELECTABLE

Enter beginning and ending dates for the desired time period:

Beginning Date: **12/1/98** (DEC 01, 1998)

Ending Date: DEC 1,1998// **T** (FEB 04, 1999)

Range selected: DEC 1,1998 to FEB 4,1999

Include reviews that were completed after the due date? NO// **Y** (YES)

DEVICE: HOME// **<RET>**

RIGHT MARGIN: 80// **<RET>**

**Occurrence Screen User Menu**  
**Reports Menu**  
**Delinquent Reviews**

**Example**

The "---" line on the report indicates that the due date was not met.

```

                                DELINQUENT REVIEWS
                                AS OF FEB 4,1999
                                PERIOD FROM DEC 1,1998 TO FEB 4,1999
                                FEB 4,1999
                                PAGE: 1

** This information is confidential in accordance with Title 38 U.S.C. 5705 **

PATIENT          OCCURRENCE   SCREEN   PEER:          MANAGEMENT:
SSN              DATE          SCREEN   DUE DATE      DUE DATE
                                COMPLETED    COMPLETED
-----
      SERVICE: MEDICINE

CORNUCE,DONALD   DEC 6,1998   101.1    DEC 21,1998    DEC 28,1998
287490398                                ---

      SERVICE: SURGERY

KNOWLEDGE,LORE   DEC 21,1998  102      JAN 5,1999     JAN 12,1999
587906666                                JAN 19,1999
```

## **Occurrence Screen User Menu**

### **Reports Menu**

### **Occurrences by Service**

#### **Introduction**

This option produces a report of occurrences sorted by service. Information provided includes the patient name and ssn, date of occurrence, status of occurrence, and treating specialty.

#### **Example**

Monthly, Quarterly, Semi-Annually, Yearly, Fiscal Yearly, User Selectable  
Select date range: **YEARLY**

Enter YEAR: **98**

Range selected: JAN 1,1998 to DEC 31,1998

Select SERVICE: **MEDICINE** 111

Another one: **PSYCHIATRY** 136

Another one: **<RET>**

Select SCREEN: ALL// **101.1** READMISSION WITHIN 10 DAYS

Another one: **102** ADMISSION WITHIN 3 DAYS OF UNSCHEDULED AMB CARE VISIT

Another one: **107** RETURN TO OR IN SAME ADMISSION

Another one: **109** DEATH

Another one: **<RET>**

DEVICE: HOME// **<RET>**

RIGHT MARGIN: 80// **<RET>**

**Occurrence Screen User Menu**  
**Reports Menu**  
**Occurrences by Service**

**Example**

When actually printed, each service would print on a separate page.

OCCURRENCES BY SERVICE  
YEAR 1998

NOV 16,1998  
PAGE: 1

\*\* This information is confidential in accordance with Title 38 U.S.C. 5705 \*\*

PATIENT / SCREEN	SSN	DATE	STATUS	TREATING SPEC.
------------------	-----	------	--------	----------------

SERVICE: MEDICINE

ARBUCKEL, JON 101.1 READMISSION WITHIN 10 DAYS	276492648	NOV 16,1998	CLOSED	GENERAL (ACUTE
BICKLE, TRAVIS 101.1 READMISSION WITHIN 10 DAYS	111111111	OCT 10,1998	OPEN	GENERAL (ACUTE
BICKLE, TRAVIS 101.1 READMISSION WITHIN 10 DAYS	111111111	NOV 16,1998	OPEN	GENERAL (ACUTE
HARTE, SHERRY 101.1 READMISSION WITHIN 10 DAYS	309283948	NOV 9,1998	CLOSED	GENERAL (ACUTE
GORIN, HARRY 102 ADMISSION WITHIN 3 DAYS OF UNSCHEDULED AMB CARE VISIT	387581000	NOV 9,1998	CLOSED	GENERAL (ACUTE
PURCELL, DAVID 107 RETURN TO OR IN SAME ADMISSION	555123458	NOV 16,1998	CLOSED	GENERAL (ACUTE
SWENSON, MARGARET 109 DEATH	555123457	NOV 16,1998	CLOSED	GENERAL (ACUTE

SERVICE: PSYCHIATRY

ROY, BILLY 102 ADMISSION WITHIN 3 DAYS OF UNSCHEDULED AMB CARE VI SIT	263638949	NOV 16,1998	CLOSED	ACUTE PSYCHIATR
--	-----------	-------------	--------	-----------------

# Occurrence Screen User Menu

## Reports Menu

### Patients Awaiting Clinical Review

## Introduction

This option produces a report for a selected date range listing those patients with open records who are awaiting a clinical review. You may choose to sort by the patient's current ward/clinic or the ward/clinic where the occurrence took place.

Patients appear on the report in alphabetical order by screen.

## Example

Select one of the following:

- C Current Ward/Clinic
- O Occurrence Ward/Clinic

Sort report by: Current Ward/Clinic// ☐ Occurrence Ward/Clinic

Monthly, Quarterly, Semi-Annually, Yearly, Fiscal Yearly, User Selectable  
Select Date Range: YEARLY

Enter YEAR: 98

Range selected: JAN 1,1998 to DEC 31,1998

DEVICE: HOME// <RET>

RIGHT MARGIN: 80// <RET>

PATIENTS AWAITING CLINICAL REVIEW  
YEAR 1998

FEB 4,1999  
PAGE: 1

\*\* This information is confidential in accordance with Title 38 U.S. C. 5705 \*\*

PATIENT / SCREEN	SSN	DATE	OCCUR/CURR WARD/CLIN
SILVERBERRY,NANCY 108 CARDIAC OR RESPIRATORY ARREST	378012345	FEB 3,1998	1 WEST UNKNOWN
FERGESON,CORNELIUS 109 DEATH	309250987	FEB 2,1998	1 WEST 1 SOUTH
KNOWLTON,LOREN 201 LOCAL SCREEN	587906666	FEB 3,1998	1 NORTH UNKNOWN
LOPPALA,GINA 201 LOCAL SCREEN	398784567	FEB 3,1998	1 NORTH 2 SOUTH

# Occurrence Screen User Menu

## Reports Menu

### Review Level Tracking

## Introduction

This option produces a report by showing the findings or actions taken for all open occurrences with a clinical review already entered. All reviews in process as of the date the report is printed are listed.

Patients appear on the report in alphabetical order by screen.

## Example

Monthly, Quarterly, Semi-Annually, Yearly, Fiscal Yearly, User Selectable  
Select date range: YEARLY

Enter YEAR: 98

Range selected: JAN 1,1998 to DEC 31,1998

DEVICE: HOME// <RET>

RIGHT MARGIN: 80 // <RET>

REVIEW LEVEL TRACKING AS OF FEB 4,1999  
YEAR 1998

FEB 4,1999  
PAGE: 1

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PATIENT PREVIOUS REVIEWS	SSN	OCCURRENCE DATE	SCREEN
-----			
SERVICE: MEDICINE			
CORNUCE, DONALD	287490398	FEB 3,1998	102
CLINICAL	# 1: PEER REVIEW NEEDED AND EQUIPMENT ISSUE		
PEER	# 1: LEVEL 2 - MOST PRACTITIONERS MIGHT HANDLE CASE DIFFERENTLY		
PEER	# 2: LEVEL 2 - MOST PRACTITIONERS MIGHT HANDLE CASE DIFFERENTLY		
FEATHERSPOON, DOMINICK	345612039	FEB 2,1998	107
CLINICAL	# 1: PEER REVIEW NEEDED AND SYSTEM ISSUE		
PEER	# 1: LEVEL 2 - MOST PRACTITIONERS MIGHT HANDLE CASE DIFFERENTLY		
PEER	# 2: LEVEL 1 - MOST PRACTITIONERS WOULD HANDLE CASE SIMILARLY		

OCCURRENCE SCREEN SERVICE STATISTICS													FEB 4,1999	
YEAR 1998													PAGE: 1	
CRITERIA		BLIND	DOM	MEDICINE		NHC		NON	PSYCH	SCI		UNKNOWN		
SCREEN		REHAB		INTERMED	NEUROLOGY			COUNT	REHAB	-MED		SURGERY	TOTAL	
1	101.1	0	0	0	0	0	0	0	0	0	0	0	0	
2	102	0	0	0	2	1	0	0	0	0	0	0	3	
3	107	0	0	0	0	1	0	0	0	0	0	0	1	
4	109	0	0	0	1	1	0	0	0	0	0	0	2	
TOTAL		0	0	0	3	3	0	0	0	0	0	0	6	

# **Occurrence Screen User Menu** **Reports Menu** **Service Statistics**

## **Example 2 - Report sorted by service**

OCCURRENCE SCREEN SERVICE STATISTICS  
YEAR 1998

FEB 4,1999  
PAGE: 1

SERVICE CRITERION	SCREEN	FREQUENCY	SERVICE TOTAL
-----			
BLIND REHAB			
1	101.1	0	
2	102	0	
3	107	0	
4	109	0	0
DOMICILIARY			
1	101.1	0	
2	102	0	
3	107	0	
4	109	0	0
INTERMEDIATE MED			
1	101.1	0	
2	102	0	
3	107	0	
4	109	0	0
MEDICINE			
1	101.1	0	
2	102	2	
3	107	0	
4	109	1	3
NEUROLOGY			
1	101.1	0	
2	102	1	
3	107	1	
4	109	1	3
NHCU			
1	101.1	0	
2	102	0	
3	107	0	
4	109	0	0



# **Occurrence Screen User Menu**

## **Reports Menu**

### **Statistical Review Summary**

#### **Introduction**

This option produces a statistical report showing the clinical review findings, the peer review findings by service, the management review actions by service, and the committee confirmed issue statistics.

#### **Example**

Select screen criteria to include: (1-3): 1// <RET>

Select the reporting period:

Monthly, Quarterly, Semi-Annually, Yearly, Fiscal Yearly, User Selectable  
Select date range: YEARLY

Enter YEAR: 98

Range selected: JAN 1,1998 to DEC 31,1998

NOTE: This is a 132 column report.

DEVICE: HOME// A300

RIGHT MARGIN: 80// 132

# Occurrence Screen User Menu

## Reports Menu

### Statistical Review Summary

## Example

OCCURRENCE SCREEN STATISTICAL REVIEW SUMMARY: NATIONAL SCREENS  
PERIOD FROM JAN 1,1998 TO DEC 31, 1998

FEB 5, 1999  
PAGE: 1

=====

TOTAL NUMBER OF OCCURRENCES: 12  
=====

1 - TOTAL RECORDS	24
2 - EXCEPTIONS	12
3 - DELETIONS	0

SEVERITY OF OUTCOME: 11  
=====

0 - NO INJURY OR DISABILITY	1
1 - MINOR	4
2 - MAJOR	3
3 - DEATH	3

-----

CLINICAL REVIEWS: 11  
=====

1 - UCR - USUAL CUSTOMARY REASONABLE	4
2 - PEER REVIEW NEEDED	4
4 - EQUIPMENT ISSUE	0
5 - SYSTEM ISSUE	0
6 - PEER REVIEW NEEDED AND EQUIPMENT ISSUE	3
7 - PEER REVIEW NEEDED AND SYSTEM ISSUE	0
8 - PEER REVIEW NEEDED AND EQUIPMENT AND SYSTEM ISSUES	0
9 - EQUIPMENT AND SYSTEM ISSUES	0

-----

PEER REVIEWS: 7  
=====

	BLIND REHAB	DOM INTERMED	MEDICINE NEUROLOGY	NHCU	NON COUNT	PSYCH REHAB	SCI -MED	UNKNOWN SURGERY	TOTAL
11 - LEVEL 1 - MOST PRACTITIONERS WOULD HANDLE CASE SIMILARLY	0	0	0	1	0	0	0	1	3
12 - LEVEL 2 - MOST PRACTITIONERS MIGHT HANDLE CASE DIFFERENTLY	0	0	0	1	0	0	0	1	2
13 - LEVEL 3 - MOST PRACTITIONERS WOULD HANDLE CASE DIFFERENTLY	0	0	0	0	0	0	0	0	0

-----

MANAGEMENT REVIEWS: 6  
=====

	BLIND REHAB	DOM INTERMED	MEDICINE NEUROLOGY	NHCU	NON COUNT	PSYCH REHAB	SCI -MED	UNKNOWN SURGERY	TOTAL
1 - NO FURTHER ACTION	0	0	0	0	0	0	0	0	0
8 - DISCUSSION OF CASE AT SERVICE STAFF MEETING	0	0	0	0	0	0	0	0	0
9 - DISCUSSION OF CASE AT M&M CONFERENCE	0	0	0	0	0	0	0	1	1
10 - SERVICE EDUCATION PROGRAM	0	0	0	0	0	0	0	0	0
11 - FACILITY EDUCATION PROGRAM	0	0	0	0	0	0	0	0	0
12 - DISCUSSION OF CASE WITH PRACTITIONER BY SUPERVISOR	0	0	0	0	0	0	0	0	0
13 - FORMAL COUNSELLING OF PRACTITIONER BY SUPERVISOR	0	0	0	1	0	0	0	1	2
14 - ADMINISTRATIVE OR QA INVESTIGATION	0	0	0	0	0	0	0	0	0
15 - ADMINISTRATIVE INVESTIGATION TO REVIEW PRIVILEGES	0	0	0	0	0	0	0	0	0
16 - OTHER DISCIPLINARY ACTION	0	0	0	0	0	0	0	0	0
17 - CHANGES IN POLICY OR PROCEDURES	0	0	0	1	0	0	0	0	1
18 - REPAIR OF MALFUNCTIONING EQUIPMENT	0	0	0	0	0	0	0	0	0
19 - CHANGE IN ORDERING OF MEDICAL SUPPLIES OR EQUIPMENT	0	0	0	0	0	0	0	0	0
20 - DEVELOPMENT OF IMPROVED COMMUNICATION PROCEDURES	0	0	0	1	0	0	0	0	1
21 - FORMAL STUDY OF ISSUES RAISED BY OCCURRENCE SCREENING	0	0	0	0	0	0	0	0	0
22 - OTHER	0	0	0	1	0	0	0	0	1

-----

COMMITTEE REVIEWS: 3  
=====

1 - EQUIPMENT PROBLEMS	1
2 - SYSTEM PROBLEMS	1
3 - EQUIPMENT & SYSTEM PROBLEMS	0
4 - NONE	1

=====

# **Occurrence Screen User Menu** **Reports Menu** **Summary of Occurrence Screening (Semi-Annual Rpt)**

## **Introduction**

This option produces the Summary of Occurrence Screening (Semi-Annual) report. It is the same report as the one in the Occurrence Screen circular.

You may choose to print Part II of the report, Information on Program Operation. This includes sections on Improvement Actions, Results of the Reliability Assessments, Service-Specific Occurrences, and Facility Workload Data. You may also choose to print the pending occurrences.

Below are the definitions of the column headers in the Summary of Occurrence Screening (Semi-Annual Rpt).

CRITERION	--# OF OCCURRENCES---		--OUTCOME OF PEER REVIEW---				--# OF OCCURRENCES--	
SCREEN	REVIEWED	REFERRED	LEVEL	LEVEL	LEVEL	PENDING	REFERRED FOR	
	CLINICALLY	TO PEER	1	2	3		SYSTEM EQUIPMENT	
=====	=====	=====	=====	=====	=====	=====	=====	=====
<b>a</b>	<b>b</b>	<b>c</b>	<b>d</b>	<b>e</b>	<b>f</b>	<b>g</b>	<b>h</b>	<b>i</b>

The following applies to all columns except that for Criterion Screen. Occurrence must:

1. Be in date range chosen
2. Be one of the screens chosen
3. Must not be 'Deleted'
4. Must have Clinical and/or Peer review(s)
5. Clinical Finding must not = 3 "Exception to Criteria".

### **a** Criterion

This is a listing of the chosen screen numbers in order.

### **b** Reviewed Clinically

See 1-5 above with the exception that it must have a Clinical review entered.

### **c** Referred to Peer

See 1-5 above and must have Clinical Action = 2 or have any Peer review per service without a Clinical review entered. The number will also be incremented when multiple service Peer reviews are done. Refer to the Multi-Service Review section of this guide for more in-depth description of how these numbers are incremented.

**Occurrence Screen User Menu**  
**Reports Menu**  
**Summary of Occurrence Screening (Semi-Annual Rpt)**

**Introduction**

**d, e, f** Outcome Of Peer Review, Number Final Ratings At (Levels 1, 2, 3)

The number is derived from the Peer Findings when Level 1, 2, or 3 is entered and Final Peer Review Per Service = Yes.

**g** Outcome Of Peer Review, Pending

Number derived from having a Clinical Action of Refer to Peer and No Peer Review,  
**or** Peer Review but no Service marked as Final.

**h** Number Of Occurrences, Referred System

When Clinical Findings are one of the following:

- 5 System Issue
- 7 Peer Review needed and System Issue
- 8 Peer Review Needed and Equipment and System Issues
- 9 Equipment and System Issues

**i** Number of Occurrences, Referred Equipment

When Clinical Findings are one of the following:

- 4 Equipment Issue
- 6 Peer Review Needed and Equipment Issue
- 8 Peer Review Needed and Equipment and System Issues
- 9 Equipment and System Issues

**Occurrence Screen User Menu**  
**Reports Menu**  
**Summary of Occurrence Screening (Semi-Annual Rpt)**

**Example**

Select screen criteria to include: (1-3): 1// ??

Choose from:

- 1 National
- 2 Local
- 3 Inactive

Select any combination of the codes listed above, e.g. 1-3, 1,2

Select screen criteria to include: (1-3): 1// 1

Print PART II of the Summary of Occurrence Screening? NO// **Y** (YES)

Print a list of all PENDING occurrences? NO// **Y** (YES)

Select the reporting period:

Monthly, Quarterly, Semi-Annually, Yearly, Fiscal Yearly, User Selectable

Select date range: Semi-Annually// **<RET>** Semi-Annually

Enter Quarter Period and FY you wish Semi-Annual range to end with

Enter Quarter and Year: **2/98**

Range selected: OCT 1,1997 to MAR 31,1998

DEVICE: HOME// **<RET>**

RIGHT MARGIN: 80// **<RET>**

**Occurrence Screen User Menu**  
**Reports Menu**  
**Summary of Occurrence Screening (Semi-Annual Rpt)**

**Example**

SUMMARY OF OCCURRENCE SCREENING - SEMI-ANNUAL REPORT - PART I  
-----

MEDICAL CENTER: AUGUSTA VA

PERSON PREPARING REPORT: \_\_\_\_\_

TITLE & CORRESPONDENCE SYMBOL OF THE ABOVE: \_\_\_\_\_

FTS TELEPHONE: \_\_\_\_\_ TELEFAX: \_\_\_\_\_

REPORTING PERIOD: SEMI-ANNUAL PERIOD ENDING SECOND QUARTER FY 1998

CRITERION SCREEN =====	--# OF OCCURRENCES--		--OUTCOME OF PEER REVIEW--				-# OF OCCURRENCES-	
	REVIEWED CLINICALLY	REFERRED TO PEER	LEVEL 1	LEVEL 2	LEVEL 3	PENDING	REFERRED FOR SYSTEM	EQUIPMENT
1 (101.1)	1	3	0	1	0	1	0	1
2 (102)	2	3	1	1	0	1	0	1
3 (107)	3	3	1	2	0	0	0	0
4 (109)	3	1	0	0	0	1	0	1

COMMENTS:

# Occurrence Screen User Menu

## Reports Menu

### Summary of Occurrence Screening (Semi-Annual Rpt)

#### Example

#### PART II. Information on Program Operation

##### 2. Improvement Actions

Indicate the types of improvement actions resulting from data collected through the Occurrence Screening Program during the reporting period.

Type of Action -----	Number of times taken -----
Discussion of case at service staff meeting	0
Discussion of case at M&M conference	1
Service education program	0
Facility education program	0
Discussion of case with practitioner by supervisor	0
Formal counseling of practitioner by supervisor	2
Investigation or focused study of case	0
Investigation to review privileges	0
Other disciplinary action	0
Changes in policy or procedures	1
Repair of malfunctioning equipment	0
Change in ordering of medical supplies or equipment	0
Development of improved communication procedures	1
Further study of issues raised by occurrence screening	0
Other	1

##### 3. Results of the Reliability Assessments (Complete only for second report of fiscal year.)

###### a. Clinical Review

(1) Date reliability assessment completed \_\_\_\_\_

(2) Percentage agreement found \_\_\_\_\_

###### b. Peer Review

(1) Date reliability assessment completed \_\_\_\_\_

(2) Percentage agreement found \_\_\_\_\_

# **Occurrence Screen User Menu** **Reports Menu** **Summary of Occurrence Screening (Semi-Annual Rpt)**

## **Example**

### 4. Service-Specific Occurrences

	Medicine (Including Neurology)	Surgery	Psychiatry	Other*	Total**
Criterion 1	1	0	0	0	1
Criterion 2	N/A	N/A	N/A	N/A	1
Criterion 3	N/A	1	N/A	N/A	1
Criterion 4	1	0	1	0	2

Include only occurrences in this table, i.e., cases requiring clinical review to determine if further review is necessary. Cases meeting exceptions, are not included.

Please use the following rules in determining the service to which an occurrence belongs:

- Criterion 1 - Service at time of discharge from first hospitalization
- Criterion 2 - No rule necessary since only total figure needed
- Criterion 3 - No rule necessary since all occurrences are in surgery
- Criterion 4 - Service providing care at time of death

\* The "Other" column should be used for occurrences belonging to Intermediate Medicine, Nursing Home Care Unit, Rehabilitation Medicine, SCI, and Domiciliary.

\*\* The numbers in the "Total" columns should be the same as those in column 1 of Part I if all occurrences were clinically reviewed.



**Occurrence Screen User Menu**  
**Reports Menu**  
**Summary of Occurrence Screening (Semi-Annual Rpt)**

**Example**

5. Facility Workload Data (Should be readily available from Medical Administration Service)

a. Number of Admissions to Acute Care during Reporting Period:

Reference : RCS 10-0021 (8ZD1) VA Inpatient Care  
Under the "Gains" Section; Line "Total - Adm & Trans"  
List for each Bed Section:

Medicine (Include Neurology, exclude Intermediate Med.) \_\_\_\_\_

Surgery \_\_\_\_\_

Psychiatry \_\_\_\_\_

b. Number of "Unscheduled" and "10-10" Ambulatory Care  
Visits During Reporting Period \_\_\_\_\_

Reference: RCS 10-0004 (BPA1) Outpatient Health Service Workload  
Section 8. "Purpose of Visit"; Line B "10-10 Visits" and  
Line D "Unscheduled Visits"

c. Number of Surgical Procedures Performed \_\_\_\_\_

Reference: VA Form 10-7396d Annual Report of Surgical Procedures  
Sum the Total Reported at the Bottom of each Part that is compiled  
for each Surgical Section.

NOTE: The reports cited for the first two items are cumulative.  
March's cumulative totals are the data to be reported for the first  
semi-annual report of the fiscal year. Data for the second semi-annual  
report are derived by subtracting March's figures from September's totals.

**Occurrence Screen User Menu**  
**Reports Menu**  
**Summary of Occurrence Screening (Semi-Annual Rpt)**

**Example**

PENDING OCCURRENCES

FEB 09, 1999

PAGE: 1

Type 1 - Clinical action of 'Refer to Peer Review', but no Peer review was found

Type 2 - Peer review(s) found for service(s), but none are marked as being final

PATIENT	SSN	DATE OF OCCURRENC E	TYPE
-----			
SCREEN: 101.1 - READMISSION WITHIN 10 DAYS			
BICKLE,TRAVIS	111111111	NOV 16,1997	2
SCREEN: 102 - ADMISSION WITHIN 3 DAYS OF UNSCHEDULED AMB CARE VISIT			
ROY,BILLY	263638949	NOV 16,1997	2
SCREEN: 109 - DEATH			
GRIMM,BEN	423215255	NOV 17,1997	1

# Occurrence Screen User Menu

## Reports Menu

### System/Equipment Problems

## Introduction

This option produces a report of occurrences caused by system and/or equipment problems.

## Example

Monthly, Quarterly, Semi-Annually, Yearly, Fiscal Yearly, User Selectable  
Select date range: **YEARLY**

Enter YEAR: **98**

Range selected: JAN 1,1998 to DEC 31,1998

DEVICE: HOME// **<RET>**

RIGHT MARGIN: 80// **<RET>**

SYSTEM / EQUIPMENT PROBLEMS  
YEAR 1998

FEB 4,1999  
PAGE: 1

\*\* This information is confidential in accordance with Title 38 U.S.C. 5705 \*\*

PATIENT / SCREEN	SSN	DATE	STATUS	CONFIRMED	ISSUE
------------------	-----	------	--------	-----------	-------

-----  
SERVICE: MEDICINE

GORIN, HARRY	387581000	FEB 3,1998	CLOSED	SYSTEM	
102	ADMISSION WITHIN 3 DAYS OF UNSCHEDULED AMB CARE VISIT				

SILVERBERRY, NANCY	378012345	FEB 3,1998	CLOSED	SYSTEM	
102	ADMISSION WITHIN 3 DAYS OF UNSCHEDULED AMB CARE VISIT				

## Occurrence Screen User Menu Worksheets

### Introduction

This option allows printing of worksheets for all levels of review with or without any previously entered review data.

Two of the Occurrence Screen site parameters affect the printing of worksheets. The *Clinical Worksheet Part 1* parameter must be set to YES for Part 1 of the Clinical Worksheet to print through this option. If the Auto-Print Clinical Worksheet parameter is set to YES, Clinical Worksheets will be automatically printed as part of the auto enrollment process.

### Example

Select Worksheet Type(s): (1-4): ??

Choose from:

- 1 Clinical worksheet
- 2 Peer worksheet
- 3 Management worksheet
- 4 Committee worksheet

Select the type(s) of worksheet(s) you want printed, e.g., 1,2 or 1-4

Select Worksheet Type(s): (1-4): 1-4

Enter 1 to print the worksheet(s) for selected patient(s), or  
Enter 2 to print the worksheet(s) for a range of dates, or  
Enter 3 to print completely blank worksheets.

How do you want the worksheet(s) printed: (1/2/3): 1 Patient(s)

Select PATIENT: GRIMM,BEN 11-17-98 109 OPEN 08-03-22 423215255 SC  
VETERAN

Another one: <RET>

Enter 1 to print blank worksheets, or  
Enter 2 to print worksheets for reviews currently in process/complete

Choose: (1/2): 1// 2 With Data

DEVICE: HOME// A100

RIGHT MARGIN: 80// <RET>

## Occurrence Screen User Menu Worksheets

### Example

CLINICAL REVIEW WORKSHEET (PART 1)

NOV 19,1998

PAGE: 1

\*\* This information is confidential in accordance with Title 38 U.S.C. 5705 \*\*

PATIENT: GRIMM,BEN

SSN: 423215255

OCCURRENCE: NOV 17,1998

WARD/CLINIC- CURRENT: UNKNOWN

OCCURRENCE: 2 SOUTH

109 DEATH

CLINICAL REVIEWER: WILLIAMSON,CATHY

REVIEW DATE: \_\_\_\_\_

RESIDENT/PROVIDER: USPER,JOE

ATTENDING: JONES,HARVEY

TREATING SPECIALTY: GENERAL (ACUTE MEDICINE)

Instructions: Review the medical record and answer the following by circling the appropriate 'Y' or 'N'. Record any comments at the end of the worksheet.

=====

- 1 Y / N THERE IS LACK OF DOCUMENTATION OF PATIENT'S DETERIORATION DURING 48 HOURS PRECEDING DEATH
- 2 (Y)/ N CHANGE IN PATIENT'S CONDITION WITH NO ACTION TAKEN DURING 48 HOURS PRECEDING DEATH
- 3 Y / N IF THERE WAS A CARDIAC OR PULMONARY ARREST COULD IT HAVE BEEN AVOIDED
- 4 Y / N THERE WAS A LACK OF CONCORDANCE BETWEEN PATIENT'S PREMORTEM AND POSTMORTEM DIAGNOSES
- 5 Y / N IT APPEARS THERE WERE SIGNS OF PATIENT'S DETERIORATING CONDITION THAT SHOULD HAVE BEEN NOTED AND/OR COMMUNICATED TO M.D. BUT WEREN'T
- 6 Y / N DEATH APPEARS TO BE RELATED TO FAILURE TO CARRY OUT ORDERS
- 7 Y / N THERE IS A LACK OF DOCUMENTATION INDICATING EXPLANATION FOR THE DEATH
- 8 Y / N THERE IS LACK OF DOCUMENTATION INDICATING PATIENT'S DEATH WAS EXPECTED
- 9 Y / N DEATH APPEARS TO BE RELATED TO HOSPITAL INCURRED INCIDENT OR COMPLICATION OF TREATMENT
- 10 Y / N DEATH WITHIN 24 HOURS OF ADMISSION
- 11 Y / N DEATH WITHIN 72 HOURS OF TRANSFER OUT OF SPECIAL CARE UNIT (UNLESS TRANSFER MADE BECAUSE DEATH EXPECTED)
- 12 Y / N DEATH DURING OR WITHIN 72 HOURS OF ELECTIVE PROCEDURE

## Occurrence Screen User Menu Worksheets

### Example

CLINICAL REVIEW WORKSHEET (PART 1)

NOV 19,1998

PAGE: 2

\*\* This information is confidential in accordance with Title 38 U.S.C. 5705 \*\*

PATIENT: GRIMM,BEN

SSN: 423215255

OCCURRENCE: NOV 17,1998

WARD/CLINIC- CURRENT: UNKNOWN

OCCURRENCE: 2 SOUTH

109 DEATH

Instructions: Review the medical record and answer the following by circling the appropriate 'Y' or 'N'. Record any comments at the end of the worksheet.

=====

- |    |       |   |
|----|-------|---|
| 13 | Y / N | DEATH APPEARS TO BE RELATED TO COMPLICATION OF ELECTIVE PROCEDURE       |
| 14 | Y / N | DEATH APPEARS TO BE RELATED TO MEDICATION ERROR OR CHOICE OF MEDICATION |
| 15 | Y / N | DEATH APPEARS TO BE RELATED TO EQUIPMENT MALFUNCTION                    |
| 16 | Y / N | THERE IS REASON TO THINK DEATH MAY HAVE BEEN PREVENTABLE                |
| 99 | Y / N | OTHER   |

#### COMMENTS

These are the comments from the clinical reviewer about this case which is being referred to both a Peer reviewer and a committee. After completing the edits for the clinical review, worksheets are printed out for Peer, Management, and Committee.

## Occurrence Screen User Menu Worksheets

### Example

CLINICAL REVIEW WORKSHEET (PART 2)

NOV 19,1998

PAGE: 1

\*\* This information is confidential in accordance with Title 38 U.S.C. 5705 \*\*

PATIENT: GRIMM,BEN  
109 DEATH

SSN: 423215255 DATE: NOV 17,1998

CLIN REV: WILLIAMSON,CATHY

REVIEW DT: \_\_\_\_\_

WARD: 2 SOUTH

SERVICE: MEDICINE

TR SPEC: GENERAL (ACUTE MEDICINE)

MED TM: \_\_\_\_\_

ATTEND: JONES,HARVEY

RES/PRV: USPER,JOE

ADM DATE: \_\_\_\_\_ ADM DXS: \_\_\_\_\_

ADM WARD: \_\_\_\_\_ CUR WRD: \_\_\_\_\_

AUTOPSY REQUESTED ( Y / N )

PERFORMED ( Y / N )

CIRCLE 'Y' OR 'N'

#### REASON(S) FOR EXCEPTION

- \_\_\_\_\_ 1 DNR ORDER OR LOCAL EQUIVALENT AT TIME OF ADMISSION OR MORE THAN 7  
DAYS PRIOR TO DEATH
- \_\_\_\_\_ 2 ADMITTED FOR PALLIATIVE (TERMINAL) CARE
- \_\_\_\_\_ 3 DEATH DID NOT OCCUR ANYWHERE IN MEDICAL CENTER

#### FINDINGS

- \_\_\_\_\_ 1 UCR - USUAL CUSTOMARY REASONABLE
- \_\_\_\_\_ 2 PEER REVIEW NEEDED
- \_\_\_\_\_ 3 EXCEPTION TO CRITERIA
- \_\_\_\_\_ 4 EQUIPMENT ISSUE
- \_\_\_\_\_ 5 SYSTEM ISSUE
- X   6 PEER REVIEW NEEDED AND EQUIPMENT ISSUE
- \_\_\_\_\_ 7 PEER REVIEW NEEDED AND SYSTEM ISSUE
- \_\_\_\_\_ 8 PEER REVIEW NEEDED AND EQUIPMENT AND SYSTEM ISSUES
- \_\_\_\_\_ 9 EQUIPMENT AND SYSTEM ISSUES

#### PRIMARY REASON CLIN REFERRAL

- X   2 CHANGE IN PATIENT'S CONDITION WITH NO ACTION TAKEN DURING 48  
HOURS PRECEDING DEATH

#### ACTION(S)

- \_\_\_\_\_ 1 NO FURTHER ACTION
- X   1.1 NO FURTHER ACTION (INVESTIGATION)
- X   2 REFER TO PEER REVIEW
- X   4 REFER TO COMMITTEE

## Occurrence Screen User Menu Worksheets

### Example

CLINICAL REVIEW WORKSHEET (PART 2)

NOV 19,1998

PAGE: 2

\*\* This information is confidential in accordance with Title 38 U.S.C. 5705 \*\*

PATIENT: GRIMM,BEN  
109 DEATH

SSN: 4232152 55 DATE: NOV 17,1998

=====

DATE REVIEW COMPLETED: NOV 17,1998

Should the care in this case be considered for educational presentations  
because it was exemplary? \_\_\_ YES, \_\_\_ NO. If YES, describe.

#### COMMENTS

These are the comments from the clinical reviewer about this case which  
is being referred to both a Peer reviewer and a committee. After  
completing the edits for the clinical review, worksheets are printed  
out for Peer, Management, and Committee.

SIGNATURE



## Occurrence Screen User Menu Worksheets

### Example

PEER REVIEW WORKSHEET

NOV 19,1998

PAGE: 1

\*\* This information is confidential in accordance with Title 38 U.S.C. 5705 \*\*

PATIENT: GRIMM,BEN  
109 DEATH

SSN: 423215255 DATE: NOV 17,1998

PEER REV: \_\_\_\_\_ REVW DT: \_\_\_\_\_

WARD: 2 SOUTH

SERVICE: MEDICINE

TR SPEC: GENERAL (ACUTE MEDICINE)

MED TM: \_\_\_\_\_

ATTEND: JONES,HARVEY

RES/PRV: USPER,JOE

ADM DATE: \_\_\_\_\_ ADM DXS: \_\_\_\_\_

ADM WARD: \_\_\_\_\_ CUR WRD: \_\_\_\_\_

AUTOPSY REQUESTED ( Y / N )

PERFORMED ( Y / N )

CIRCLE 'Y' OR 'N'

#### FINDINGS

- \_\_\_ 11 LEVEL 1 - MOST PRACTITIONERS WOULD HANDLE CASE SIMILARLY
- \_\_\_ 12 LEVEL 2 - MOST PRACTITIONERS MIGHT HANDLE CASE DIFFERENTLY
- \_\_\_ 13 LEVEL 3 - MOST PRACTITIONERS WOULD HANDLE CASE DIFFERENTLY

If quality of care is rated as level 2 or 3, indicate involved practitioner(s).

#### ACTION(S)

- \_\_\_ 1 NO FURTHER ACTION
- \_\_\_ 2 REFER TO PEER REVIEW
- \_\_\_ 3 REFER TO MANAGEMENT REVIEW
- \_\_\_ 4 REFER TO COMMITTEE
- \_\_\_ 6 REFER TO CHIEF OF STAFF

#### SEVERITY OF OUTCOME

- \_\_\_ 0 NO INJURY OR DISABILITY
- \_\_\_ 1 MINOR
- \_\_\_ 2 MAJOR
- \_\_\_ 3 DEATH

DATE REVIEW COMPLETED: \_\_\_\_\_

DUE DATE: NOV 24,1998

Can steps be taken to improve the care of similar patients in the future?  
\_\_\_ YES, \_\_\_ NO. If YES, describe. (Please answer even if quality of  
care was rated as "LEVEL 1".)

## Occurrence Screen User Menu Worksheets

### Example

PEER REVIEW WORKSHEET

NOV 19,1998

PAGE: 2

\*\* This information is confidential in accordance with Title 38 U.S.C. 5705 \*\*

PATIENT: GRIMM,BEN  
109 DEATH

SSN: 423215255 DATE: NOV 17,1998

=====

Should the care in this case be considered for educational presentations  
because it was exemplary? \_\_\_\_ YES, \_\_\_\_ NO. If YES, describe.

COMMENTS

SIGNATURE

## Occurrence Screen User Menu Worksheets

### Example

MANAGEMENT REVIEW WORKSHEET

NOV 19,199 8

PAGE: 1

\*\* This information is confidential in accordance with Title 38 U.S.C. 5705 \*\*

PATIENT: GRIMM,BEN  
109 DEATH

SSN: 423215255 DATE: NOV 17,1998

MGMT REV: \_\_\_\_\_ REVW DT: \_\_\_\_\_

WARD: 2 SOUTH SERVICE: MEDICINE

TR SPEC: GENERAL (ACUTE MEDICINE) MED TM: \_\_\_\_\_

ATTEND: JONES,HARVEY RES/PRV: USPER,JOE

ADM DATE: \_\_\_\_\_ ADM DXS: \_\_\_\_\_

ADM WARD: \_\_\_\_\_ CUR WRD: \_\_\_\_\_

AUTOPSY REQUESTED ( Y / N ) PERFORMED ( Y / N ) CIR CLE 'Y' OR 'N'

=====

#### ACTION(S)

- \_\_\_ 1 NO FURTHER ACTION
- \_\_\_ 8 DISCUSSION OF CASE AT SERVICE STAFF MEETING
- \_\_\_ 9 DISCUSSION OF CASE AT M&M CONFERENCE
- \_\_\_ 10 SERVICE EDUCATION PROGRAM
- \_\_\_ 11 FACILITY EDUCATION PROGRAM
- \_\_\_ 12 DISCUSSION OF CASE WITH PRACTITIONER BY SUPERVISOR
- \_\_\_ 13 FORMAL COUNSELLING OF PRACTITIONER BY SUPERVISOR
- \_\_\_ 14 ADMINISTRATIVE OR QA INVESTIGATION
- \_\_\_ 15 ADMINISTRATIVE INVESTIGATION TO REVIEW PRIVILEGES
- \_\_\_ 16 OTHER DISCIPLINARY ACTION
- \_\_\_ 17 CHANGES IN POLICY OR PROCEDURES
- \_\_\_ 18 REPAIR OF MALFUNCTIONING EQUIPMENT
- \_\_\_ 19 CHANGE IN ORDERING OF MEDICAL SUPPLIES OR EQUIPMENT
- \_\_\_ 20 DEVELOPMENT OF IMPROVED COMMUNICATION PROCEDURES
- \_\_\_ 21 FORMAL STUDY OF ISSUES RAISED BY OCCURRENCE SCREENING
- \_\_\_ 22 OTHER

DATE REVIEW COMPLETED: \_\_\_\_\_

DUE DATE: DEC 1,1998

COMMENTS

SIGNATURE

## Occurrence Screen User Menu Worksheets

### Example

COMMITTEE REVIEW WORKSHEET

NOV 19,1998

PAGE: 1

\*\* This information is confidential in accordance with Title 38 U.S.C. 5705 \*\*

PATIENT: GRIMM,BEN  
109 DEATH

SSN: 423215255 DATE: NOV 17,1998

CMTE REV: \_\_\_\_\_ REVW DT: \_\_\_\_\_

WARD: 2 SOUTH SERVICE: MEDICINE

TR SPEC: GENERAL (ACUTE MEDICINE) MED TM: \_\_\_\_\_

ATTEND: JONES,HARVEY RES/PRV: USPER,JOE

ADM DATE: \_\_\_\_\_ ADM DXS: \_\_\_\_\_

ADM WARD: \_\_\_\_\_ CUR WRD: \_\_\_\_\_

AUTOPSY REQUESTED ( Y / N ) PERFORMED ( Y / N ) CIRCLE 'Y' OR 'N'

=====

#### CONFIRMED ISSUE

- \_\_\_ 1 EQUIPMENT PROBLEMS
- \_\_\_ 2 SYSTEM PROBLEMS
- \_\_\_ 3 EQUIPMENT & SYSTEM PROBLEMS
- \_\_\_ 4 NONE

COMMENTS

SIGNATURE

## Open Closed/Deleted Occurrence Screen Record

### Introduction

This option allows you to reopen a record for editing after it has been closed or deleted.

### Example

\*\*\* WARNING \*\*\*

Reopening a record will delete all final disposition data

Select one of the following:

- 1 Single/Multiple Records
- 2 Records by Date Range

Patient selection method: Single/Multiple Records// 1 Single/Multiple Records

Select PATIENT: **GORIN,HARRY** 04-05-56 387581000 NSC VETERAN 11-09-98  
102 CLOSED

Another one: <RET>

OCCURRENCE BEING REOPENED

REVIEW DUE DATES

-----  
NAME : GORIN,HARRY

-----  
PEER : NOV 17,1998

WARD/CLINIC : EYE CLINIC

MGMT : NOV 24,1998

DATE : NOV 09, 1998

SCREEN : 102 ADMISSION WITHIN 3 DAYS OF UNSCHEDULED AMB CARE VISIT

Reopen this record (Y/N) ? No// **Y** (YES)

\*\*\* RECORD HAS BEEN REOPENED \*\*\*

## Package Setup Menu

### Clinical Reviewers

#### Introduction

This option is used to enter/delete the names of the individuals who will be performing clinical reviews.

#### Example

Checking for current holders of the Clinical Reviewer key.....  
7 found. Type a '?' to list their names.

Select CLINICAL REVIEWER: ?

Enter the name of a Clinical Reviewer to add to the list.  
Enter a minus (-) Clinical Reviewer name to remove a name from the list.

Clinical Reviewers selected for key ALLOCATION:

SPEAK,ROY  
ROTTER,RON  
DONALD,DORRY  
ATWERP,ALLEN  
CEBSKI,CORY

Clinical Reviewers selected for key DEALLOCATI ON:

\*\*\* None \*\*\*

Select CLINICAL REVIEWER: **-ROTTER**,RON

Select CLINICAL REVIEWER: **SMITTY**,SAMUEL

Select CLINICAL REVIEWER: **<RET>**

Allocate / Deallocate Clinical Reviewer key? No// **Y** (YES)

Allocating key:

SPEAK,ROY  
DONALD,DORRY  
ATWERP,ALLEN  
CEBSKI,CORY  
SMITTY,SAMUEL

Deallocating key:

ROTTER,RON

## **Package Setup Menu Committees**

### **Introduction**

This option is used to enter/delete the names of the committees that will be conducting Occurrence Screen reviews.

### **Example**

```
Select COMMITTEE:  SAFETY COMMITTEE
  Are you adding 'SAFETY COMMITTEE' as a new QA OCCURRENCE COMMITTEE (the
  2ND)? No// Y    (YES)
  QA OCCURRENCE COMMITTEE ABBREVIATION:  SAFETY
COMMITTEE: SAFETY COMMITTEE// <RET>
ABBREVIATION: SAFETY// <RET>

Select COMMITTEE: <RET>
```

## **Package Setup Menu**

### **Medical Teams**

#### **Introduction**

This option is used to enter/edit the names of the medical teams who may be associated with occurrences. Medical teams are used in assigning attribution.

You may wish to not utilize this option if you do not use medical teams or have no need to assign attribution to them.

#### **Example**

```
Select MEDICAL TEAM:  TEAM BLUE
  Are you adding 'TEAM BLUE' as
    a new QA OCCURRENCE MEDICAL TEAM (the 2ND)? No// Y   (YES)
DESIGNATION: TEAM BLUE// <RET>

Select MEDICAL TEAM: <RET>
```



## Package Setup Menu

### Reasons for Clinical Referral

#### Introduction

This option allows adding, editing, deleting of the reasons for clinical referral associated with each screen. These reasons appear in the clinical reviewer edit and on Part I of the Clinical Reviewer Worksheet.

The option also allows the manager to design a "reason for referral" list for every VAMC-specific screen.

#### Example

Select SCREEN: ??

CHOOSE FROM:

199 READMISSION WITHIN 48 HOURS OF D/C TO EXTENDED CARE  
201 LOCAL SCREEN

Select SCREEN: **201** LOCAL SCREEN

Select REASON CODE: ??

CHOOSE FROM:

This is a short code used to identify the reason for clinical referral.  
It must be one to two digits and it may be followed by one upper case letter, e.g., 4, 12, 1B, 23X, etc.

Select REASON CODE: **1**

Are you adding '1' as

a new QA OCCURRENCE CLINICAL REFERRAL? No// **Y** (YES)

REASON CODE: 1// **<RET>**

REASON - SHORT: **MEETS CRITERIA**

REASON - EXPANDED: **RECORD MEETS CRITERIA FOR REFERRAL**

Select REASON CODE: **<RET>**

Select SCREEN: **<RET>**

## **Package Setup Menu**

### **Site Parameters**

#### **Introduction**

This option is used to enter/edit the site parameters for the Occurrence Screen software. The following is an explanation of each parameter.

If you choose to not make an entry at the two *review days* prompts, you will not be able to print the Delinquent Reviews report.

#### *Peer Review Days*

This is the allowable number of days between the completion of the clinical review and the completion of the peer review.

#### *Management Review Days*

This is the allowable number of days between the completion of the clinical review and the completion of the management review.

#### *Min Time Between Logout & Adm*

Enter the minimum time, in hours, between a disposition log out and an admission. This time is used when auto enrolling admissions within 3 days following unscheduled ambulatory care visits. If the time between the log out and the admission is less than this time, the event will not be captured. If the time is greater than or equal to this time, it will be captured.

#### *Clinical Worksheet Part 1*

Part 1 of the Clinical Worksheet contains a list of Primary Reasons for Clinical Referral for the screen involved. When you print the worksheet, do you want Part 1 printed?

#### *Auto-Print Clinical Worksheet*

Do you want worksheets printed automatically when a patient is auto enrolled in Occurrence Screen?

#### *Allow Mult Patient Selection*

Entering YES here will allow selection of several patients at once for editing when utilizing several of the Occurrence Screen options. Entering NO will allow for selection of only one patient at a time.

## **Package Setup Menu**

### **Site Parameters**

#### **Introduction**

##### *Surgery Package Installed*

The Surgery package must be running at your site. Entering YES will allow auto enroll to scan the Surgery package for Screen 7, Return to the O.R. in the Same Admission.

##### *Select Scheduled Admission Clinic*

This field contains the clinic(s) that are used to schedule patient admissions. The data entered in this field is used by the auto enroll to determine which admissions are scheduled.

##### *Default OS Device*

This field contains the default printer device for Occurrence Screen. Auto-printed Clinical Worksheets will be routed to this device.

##### *Mutli-Divisional OS Facility*

Enter YES if your site is multi-divisional. A YES entered here will allow you to select a different auto enroll output device for each division.

##### *Select OS Hospital Division*

This prompt will only appear if you answered YES at the multi-divisional facility prompt. Enter the name of each hospital division followed by the auto enroll device for that division.

## Package Setup Menu

### Site Parameters

#### Example

Select QUALITY ASSURANCE SITE PARAMETERS NAME: **HINES VA** VAMC 578  
...OK? YES// **<RET>** (Yes)

PEER REVIEW DAYS: 7// **<RET>**  
MANAGEMENT REVIEW DAYS: 14// **<RET>**  
MIN TIME BETWEEN LOGOUT & ADM: 1// **<RET>**  
CLINICAL WORKSHEET PART 1: YES// **<RET>**  
AUTO-PRINT CLINICAL WORKSHEET: YES// **<RET>**  
ALLOW MULT PATIENT SELECTION: NO// **YES**  
SURGERY PACKAGE INSTALLED: NO// **YES**  
Select SCHEDULED ADMISSION CLINIC: **Pre-op clinic**  
DEFAULT OS DEVICE: DEVELOPMENT-LASER(10) Replace **<RET>**  
MULTI-DIVISIONAL FACILITY: NO// **YES**  
Select HOSPITAL DIVISION: **NORTHERN**  
HOSPITAL DIVISION: NORTHERN// **<RET>**  
DEVICE: **DEVELOPMENT-LASER(10)**  
Select HOSPITAL DIVISION: **SOUTHERN**  
HOSPITAL DIVISION: SOUTHERN// **<RET>**  
DEVICE: **DEVELOPMENT-LASER(20)**  
Select HOSPITAL DIVISION: **<RET>**

## Package Setup Menu

### Treating Specialty Care Types

#### Introduction

This option is used to enter/edit the care type designations for user-selected treating specialties. When a question mark (?) is entered at the Select Treating Specialty prompt, the specialties already defined are listed first. Then the entire Facility Treating Specialty list follows if requested.

It is important to note that accurate auto enrollment of Screens 101.1, 102 and 106.1 is dependent upon the treating specialties being entered by MAS at the time of admission or transfer. All treating specialties in use at your site should be assigned a care type through this option; otherwise, auto enroll may fail to capture some occurrences.

#### Example

```
Select TREATING SPECIALTY: ?
  Answer with QA OCCURRENCE TREATING SPECIALTY, or NUMBER
CHOOSE FROM:
    1    ACUTE PSYCHIATRY (<45 DAYS)    ACUTE CARE    ACUTE PSYCHIATRY (<45 DAYS)

    You may enter a new QA OCCURRENCE TREATING SPECIALTY, if you wish
    Enter a treating specialty whose care type is to be defined.
  Answer with FACILITY TREATING SPECIALTY NAME
  Do you want the entire 68-Entry FACILITY TREATING SPECIALTY List?    NO

Select TREATING SPECIALTY: EXTENDED CARE    NHCU    NHCU
  Are you adding 'EXTENDED CARE' as
  a new QA OCCURRENCE TREATING SPECIALTY (the 5TH)? No// Y    (Yes)
QA OCCURRENCE TREATING SPECIALTY TYPE OF CARE: ??
  This describes the type of care for each treating specialty. Each
  treating specialty should be associated with only one type of care.
  CHOOSE FROM:
    A    ACUTE CARE
    S    SPECIAL CARE
    I    INTERMEDIATE CARE
    N    NHCU
    P    PSYCHIATRY
  QA OCCURRENCE TREATING SPECIALTY TYPE OF CARE: N    NHCU
TREATING SPECIALTY: EXTENDED CARE// <RET>
TYPE OF CARE: NHCU// <RET>

Select TREATING SPECIALTY:
```

## Package Setup Menu VAMC-Specific Screens

### Introduction

This option is used to enter site specific screens in the range 201-999.99. Medical centers may enter their own screens (201 through 999.99), but may not change existing national screens (101.1,102,107,109). Screens may not have any trailing zeros or decimal points.

The option allows the user to set the screen status to either local or inactive. Exceptions to screens may also be entered.

Refer to the Reasons for Clinical Referral option if you want to develop a list of reasons to refer a record to second level review for each VAMC-specific screen.

### Example

Select SCREEN: ??

CHOOSE FROM:

101	READMISSION WITHIN 14 DAYS
103	ADMISSION WITHIN 3 DAYS OF AMB SURGERY PROC
104.1	ADMISSION OR ASIH FROM VA NHCUC, FROM AC
104.2	ADMISSION OR ASIH FROM VA NHCUC, TO PSY
105.1	TRANSFER FROM INTERMEDIATE MEDICINE, FROM AC
105.2	TRANSFER FROM INTERMEDIATE MEDICINE, TO PSY
106.1	TRANSFER TO SPECIAL CARE UNIT, FROM SC
106.2	TRANSFER TO SPECIAL CARE UNIT, SURG PROC
108	CARDIAC OR RESPIRATORY ARREST
199	READMISSION WITHIN 48 HOURS OF D/C TO EXTENDED CARE

VAMCs may enter their own screens (201 through 999.99), but may not change existing national screens (101.1,102,107,109). Screens may not have any trailing zeros or decimal points.

Select SCREEN: **201**

Are you adding '201' as

a new QA OCCURRENCE SCREEN CRITERIA? No// **Y** (YES)

QA OCCURRENCE SCREEN CRITERIA SCREEN: ??

This is the short description of the screen.

QA OCCURRENCE SCREEN CRITERIA SCREEN: **LOCAL SCREEN**

CODE: 201// **<RET>**

TEXT: LOCAL SCREEN// **<RET>**

EXPANDED TEXT: **LOCAL OCCURRENCE SCREEN**

## Package Setup Menu

### VAMC-Specific Screens

#### Example

SCREEN STATUS: LOCAL// ??

This field controls the auto enroll of the various screens. National and local screens will be auto enrolled if possible. This field is also used by the semi-annual report, any combinations of screen statuses may be included on the report.

CHOOSE FROM:

1 INACTIVE

L LOCAL

SCREEN STATUS: LOCAL// <RET> LOCAL

Select REASON FOR EXCEPTION: ??

CHOOSE FROM:

This is the text of the reason for exception to the screen.

Select REASON FOR EXCEPTION: **DOES NOT MEET LOCAL CRITERIA**

Are you adding 'DOES NOT MEET LOCAL CRITERIA' as

a new QA OCCURRENCE EXCEPTION? No// **Y** (YES)

REASON: DOES NOT MEET LOCAL CRITERIA Replace <RET>

CODE: ??

This is a short mnemonic code for this exception.

CODE: **1**

EXCEPTION STATUS: ACTIVE// <RET>

Select REASON FOR EXCEPTION: <RET>

Select SCREEN: <RET>

## **Purge/Delete Menu**

### **Auto Enrollment Run Dates Purge**

#### **Introduction**

The purpose of this option is to eliminate old entries from the QA Occurrence Auto Run Dates file. This file contains the dates on which auto enroll was run and the number of patients auto enrolled for that date.

Before using this option, be sure auto enroll ran on every day you wish to delete.

#### **Example**

\*\*\* WARNING \*\*\*

This option purges the historical data that tells the Occurrence Screen package on what dates auto enrollment was run

Are you sure you want to continue? NO// **Y** (YES)

Select the screens to purge.

Select SCREEN: ALL// **101.1** READMISSION WITHIN 10 DAYS

Another one: **<RET>**

Select the date range to purge.

Monthly, Quarterly, Semi-Annually, Yearly, Fiscal Yearly, User Selectable  
Select date range: **USER SELECTABLE**

Enter beginning and ending dates for the desired time period:

Beginning Date: **1-1-96** (JAN 01, 1996)

Ending Date: JAN 1,1996// **12 31 96** (DEC 31, 1996)

Range selected: JAN 1,1996 to DEC 31,1996

Deletion request queued.



## Purge/Delete Menu

### Delete Occurrence Screen Record

#### Introduction

This option permits you to mark an Occurrence Screen record as "deleted" and should be used when inadvertent entries are made. Note that the record is not actually deleted from the file, but the status is changed to "deleted" so that it does not appear as either open or closed when inquiry is made to the file during normal processing. If necessary, the record's deleted status may be changed by using the Reopen Closed/Deleted Occurrence Screen Record option.

To remove deleted cases from the file, use the Purge Deleted Occurrence Screen Records option.

#### Example

Do you wish to see a list of deleted occurrences? NO// **Y** (YES)

...EXCUSE ME, HOLD ON...

\*\*\* NO DELETED OCCURRENCES FOUND \*\*\*

Select OPEN, CLOSED, or BOTH types of occurrences? BOTH// **BOTH**

Select one of the following:

- 1 Single/Multiple Records
- 2 Records by Date Range

Patient selection method: Single/Multiple Records// **1** Single/Multiple Records

Select PATIENT: **FIDDLESTONE,CORNELIUS** 02-02-96 109 OPEN 03-04-34  
309250987 NSC VETERAN

Another one: <RET>

OCCURRENCE BEING DELETED

-----  
NAME : FIDDLESTONE,CORNELIUS  
WARD/CLINIC : 1 EAST  
DATE : FEB 02, 1996@12:47  
SCREEN : 109 DEATH

Delete this record (Y/N)? No// **Y** (YES)

\*\*\* RECORD HAS BEEN DELETED \*\*\*

## **Purge/Delete Menu**

### **Purge Deleted Occurrence Screen Records**

#### **Introduction**

The Purge Deleted Occurrence Screen Records option is used to delete the Occurrence Screen records that have been marked as deleted.

#### **Example**

\*\*\* WARNING \*\*\*

This option purges those Occurrence Screen records flagged as deleted  
once these records have been purged they cannot be recovered

Are you sure you want to continue? NO// **Y** (YES)

Select the screens to purge.

Select SCREEN: ALL// **101.1** READMISSION WITHIN 10 DAYS

Another one: **<RET>**

Select the date range to purge.

Monthly, Quarterly, Semi-Annually, Yearly, Fiscal Yearly, User Selectable  
Select date range: **USER SELECTABLE**

Enter beginning and ending dates for the desired time period:

Beginning Date: **1/1/96** (JAN 01, 1996)

Ending Date: JAN 1,1996//**T** (JUN 30, 1996)

Range selected: JAN 1,1996 to JUN 30,1996

Deletion request queued.

## Reports Menu Audit File Inquiry

### Introduction

This option allows the user to pick an Occurrence Screen record and view the audit file entry for this occurrence. The audit file data includes information on who modified the record, when it was modified, and what modification was performed.

### Example

```
Select PATIENT:  CORNUCOPIA,DONALD          10-12-31      287490398      NSC
VETERAN
      1    02-03-99      102      OPEN
      2    12-06-98      101.1    OPEN
CHOOSE 1-2:  1

      OCCURRENCE BEING REVIEWED                      REVIEW DUE DATES
      -----
NAME           :  CORNUCOPIA,DONALD                  PEER  :  FEB 17,1999
WARD/CLINIC    :  1 WEST                             MGMT  :  FEB 24 ,1999
DATE           :  FEB 03, 1999
SCREEN         :  102  ADMISSION WITHIN 3 DAYS OF UNSCHEDULED AMB CARE VISIT

DEVICE:  HOME//  A100                      RIGHT MARGIN: 80//  <RET>

OCCURRENCE SCREEN AUDIT TRAIL                      FEB  4,1999  13:12      PAGE 1
PATIENT
DATE/TIME      ACTION      USER
COMMENT
-----
6  CORNUCOPIA,DONALD

FEB  3,1999  13:21      OPEN      WILL,CATHY
OPEN A RECORD

FEB  3,1999  13:37      EDIT      WILL,CATHY
CLINICAL/PEER/MANAGEMENT REVIEW

FEB  3,1999  13:39      EDIT      WILL,CATHY
CLINICAL/PEER/MANAGEMENT REVIEW

FEB  3,1999  13:40      EDIT      WILL,CATHY
CLINICAL/PEER/MANAGEMENT REVIEW
```

## Reports Menu

### Display Treating Specialty Care Types

#### Introduction

This option provides a listing of all the treating specialties in use at your facility and their associated care type (acute, special, intermediate care, NHCU, or psychiatry). Any specialty without a designated care type will show as \*\*\*NOT SPECIFIED\*\*\*.

The report may be sorted by care type or by specialty.

#### Example

Select one of the following:

C Care type  
T Treating specialty

Sort by: Care type// <RET>

DEVICE: HOME// <RET>

RIGHT MARGIN: 80// <RET>

TREATING SPECIALTY CARE TYPES		APR 28,1998
TREATING SPECIALTY	CARE TYPE	PAGE: 1
GENERAL (ACUTE MEDICINE)	*** NOT SPECIFIED ***	
ACUTE PSYCHIATRY (<45 DAYS)	ACUTE CARE	
INTERMEDIATE MEDICINE	INTERMEDIATE CARE	
EXTENDED CARE	NHCU	
MEDICAL ICU	SPECIAL CARE	

## Reports Menu

### Enrollment Dates Tally

#### Introduction

This option produces a report showing the dates on which auto enroll ran or failed to run. For the dates auto enroll ran, the number of patients auto enrolled and manually entered is displayed.

If you answer YES to *Include retired national screens?* prompt, all inactive screens will appear and question marks will show up where the tallies should be.

#### Example

Include retired national screens? NO// <RET> (NO)

Monthly, Quarterly, Semi-Annually, Yearly, Fiscal Yearly, User Selectable  
Select date range: USER SELECTABLE

Enter beginning and ending dates for the desired time period:

Beginning Date: 2/1/98 (FEB 01, 1998)

Ending Date: FEB 1,1998// 2/4/98 (FEB 04, 1998)

Range selected: FEB 1,1998 to FEB 04,1998

DEVICE: HOME// <RET>

RIGHT MARGIN: 80// <RET>

ENROLLMENT DATES TALLY					FEB 5,1999
PERIOD FROM FEB 1,1998 TO FEB 4,1998					PAGE: 1
RUN	101.1	102	107	109	
DATE					199
FEB 1,1998	0	2	0	0	0
FEB 2,1998	0	0	0	0	0
FEB 3,1998	0	0	0	1	0
FEB 4,1998	*** AUTO ENROLL DID NOT RUN ON THIS DATE ***				
TOTALS:	0	2	0	1	0

## Reports Menu Practitioner Code List

### Introduction

This option produces a report showing the names and code numbers (DUZ) of the resident/providers and attending physicians that have been entered into the Occurrence Screen software package. Only practitioners who have been linked with occurrences will be found on this list.

If sorted by code, the DUZ numbers will be in ascending numerical order.

### Example

Select one of the following:

C     Code  
N     Name

Sort report by: Name// <RET>

DEVICE: HOME// <RET>

RIGHT MARGIN: 80// <RET>

#### PRACTITIONER CODE LIST

FEB 4,1999

PAGE: 1

\*\* This information is confidential in accordance with Title 38 U.S.C. 5705 \*\*

PRACTITIONER	CODE NUMBER	ATTENDING	RESIDENT/PROVIDER
ARMOND, NICOLAS	183	X	
ESTER, PAUL	189		X
FREEZER, CHARLES	192	X	X
GARLIPE, KATE	180		X
GOODNESS, BURL	185		X
JELET, BEN	191		X
MACDONALD, MICHAEL	184	X	X
MONTRAL, CANDACE	181	X	X
OREN, DANIEL	190	X	X
RABBIT, BRIAN	188	X	

## **Reports Menu**

### **Reliability Assessment Worksheets**

#### **Introduction**

This option randomly selects occurrences, within user specified parameters, and prints worksheets for the assessment of inter-reviewer reliability. The user may select a data range, the type of screens to include (national, local, inactive) and the number of occurrences to capture. Since this option is used to print a large number of worksheets, it must be queued.

This option automatically computes the percentage of occurrences reviewed for reliability by taking the number of occurrences captured for the reliability assessment and dividing first by total clinical reviews and then by total peer reviews. It prints worksheets for each occurrence that contain data from the original reviews. If you wish, you may also request blank worksheets for each occurrence.

## Reports Menu

### Reliability Assessment Worksheets

#### Example

The worksheets for each occurrence (not shown in this Example) are printed following a summary similar to that shown in this Example.

Select the date range that the occurrences will be chosen from.

Monthly, Quarterly, Semi-Annually, Yearly, Fiscal Yearly, User Selectable  
Select date range: **SEMI-ANNUALLY**

Enter Quarter Period and FY you wish Semi-Annual range to end with

Enter Quarter and Year: **2/98**

Range selected: OCT 1,1997 to MAR 31,1998

Select screens to include: (1-3): 1// ??

Choose from:

- 1 National screens
- 2 Local screens
- 3 Inactive screens

Choose any combination of the above, e.g., 1, 1-3, etc.

Select screens to include: (1-3): 1// **<RET>**

Select number of occurrences to capture: 30// **<RET>**

Include blank worksheets? NO// **<RET>** NO

QUEUE TO PRINT ON DEVICE: **A100**

Requested Start Time: **T@09:00** (APR 12,1998@0900)

Inter-Reviewer Reliability Assessment Worksheets APR 12,1998  
(Blank worksheets not included)  
for CLINICAL and PEER reviewers for the NATIONAL screens  
SEMI-ANNUAL PERIOD ENDING SECOND QUARTER FY 1998

	Total -----	Requested -----	Selected -----	Percentage (=Sel/Tot) -----
Clinical Reviews	120	30	30	25.00
Peer Reviews	60	30	30	50.00



## Run Auto Enrollment Manually

### Introduction

This option is used to set up special runs or reruns of auto enrollment. The Enrollment Dates Tally report can be printed to tell you which dates auto enrollment did not run.

If you run auto enrollment manually for a day on which it previously ran, (such as a rerun) a message appears on the output stating that the records are already in the file and duplicate entries will not be made into Occurrence Screening. A report of occurrences enrolled will be produced.

Running this option may not pick up all patients for Screen 106.1. Any 106.1 that has been discharged after the date selected to run auto enrollment manually will not be captured.

### Example

```
Select AUTO ENROLL SCREEN: ALL// <RET>
```

```
By 'ALL' do you mean all QA OCCURRENCE SCREEN CRITERIA CODES? YES// <RET>
(YES)
```

```
Another one: <RET>
```

```
Enter the date range you want auto enroll to scan
```

```
Monthly, Quarterly, Semi-Annually, Yearly, Fiscal Yearly, User Selectable
Select date range: USER SELECTABLE
```

```
Enter beginning and ending dates for the desired time period:
```

```
Beginning Date: 2/4/98 (FEB 04, 1998)
Ending Date: FEB 4,1998// <RET> (FEB 04, 1998)
```

```
Range selected: FEB 4,1998 to FEB 4,1998
```

```
Queue auto enroll to run at: N (FEB 05, 1998@08:03:03)
```

```
Queueing auto enroll, please wait.
```

```
Want a report of the dates when auto enroll will run? YES// <RET> (YES)
```

```
DEVICE: HOME// <RET> RIGHT MARGIN: 80// <RET>
```

Run Auto Enrollment Manually

Example

MANUALLY QUEUED AUTO ENROLL RUN DATES			FEB 5,1998
PERIOD FROM FEB 4,1998 TO FEB 4,1998			PAGE: 1
START DATE	END DATE	QUEUED TO RUN	TASK NUMBER
-----	-----	-----	-----
FEB 4,1998	FEB 4,1998	FEB 5,1998@08:03:03	13164

## Summary of Occurrence Screen Transmission

### Introduction

This option generates a MailMan message that contains the statistical information found in parts one and two of the Summary of Occurrence Screening (Semi-Annual) report. The user will be prompted for those data elements that are not saved in the Occurrence Screen database - reviewer reliability assessment and workload data.

The message is automatically sent to the National Quality Assurance Data Base (NQADB) at the Hines CIOFO. Once the data has been loaded into the NQADB, it may be viewed and used by the facility, region, and VACO as appropriate.

Semi-annual date range is automatically selected as the date range.

### Example

Select the reporting period:

Date range: SEMI-ANNUALLY

Enter Quarter Period and FY you wish Semi-Annual range to end with

Enter Quarter and Year: **2/98**

Range selected: OCT 1,1997 to MAR 31,1998

3. Results of the Reliability Assessments (Complete only for second report of fiscal year.)

a. Clinical Review

(1) Date reliability assessment completed: **<RET>**

(2) Percentage agreement found: **<RET>**

b. Peer Review

(1) Date reliability assessment completed: **<RET>**

(2) Percentage agreement found: **<RET>**

## Summary of Occurrence Screen Transmission

### Example

5. Facility Workload Data (Should be readily available from Medical Administration Service)

a. Number of Admissions to Acute Care during Reporting Period:

Reference : RCS 10-0021 (8ZD1) VA Inpatient Care  
Under the "Gains" Section; Line "Total - Adm & Trans"  
List for each Bed Section:

Medicine (Include Neurology, exclude Intermediate Med.): **252**

Surgery: **234**

Psychiatry: **126**

Reference: RCS 10-0004 (BPAT) Outpatient Health Service Workload  
Section 8. "Purpose of Visit"; Line B "10-10 Visits" and Line D  
"Unscheduled Visits"

b. Number of "Unscheduled" and "10-10" Ambulatory Care  
Visits During Reporting Period: **984**

Reference: VA Form 10-7396d Annual Report of Surgical Procedures  
Sum the Total Reported at the Bottom of each Part that is compiled  
for each Surgical Section.

c. Number of Surgical Procedures Performed: **209**

Reporting period: SEMI-ANNUAL PERIOD ENDING SECOND QUARTER FY 1998

Results of Reliability Assessments.

Date clinical review reliability assessment completed:	N/A
Percentage agreement found:	N/A
Date peer review reliability assessment completed:	N/A
Percentage agreement found:	N/A

Facility Workload Data.

Number of admissions to acute care by bed section.	
Medicine (Include Neurology, exclude Intermediate Med.):	252
Surgery:	234
Psychiatry:	126
Number of "Unscheduled" and "10-10" ambulatory care visits:	984
Number of surgical procedures performed:	209

WARNING: This data will overwrite any pre-existing data  
at the NQADB for this semi-annual period !!

Ready to send the SUMMARY OF OCCURRENCE SCREEN data to the National Quality  
Assurance DataBase (NQADB) at S.A4BVNQADBSERVER@QMB.ISC -CHICAGO.VA.GOV

OK to send? NO// **Y** (YES)

Sending . . .

# Glossary

AC	Acute Care Unit
Action	Corrective or referral response taken as a result of an adverse finding on a review of an occurrence.
Adverse findings	Any findings above Level 1 care or any system and/or equipment problem.
AMA	Against Medical Advice
ASIH	Absent Sick In Hospital (nursing home patient).
Attending physician	The staff physician responsible for the care of the patient involved in the occurrence.
Attribution	Individuals, medical teams, or hospital locations involved in an occurrence. This is used for documentation and trend analysis, and is not necessarily used to assign blame.
Auto enrollment	The computer process that automatically extracts Occurrence Screens from daily admissions, transfers, and discharges.
Auto-print	The computer process that produces printed documentation or reports without a specific request from the user. This is a part of auto enrollment.
Closed occurrence	An occurrence for which final disposition was made.
Committee	Any committee, such as Safety, that may be asked to review an occurrence involving a system and/or equipment problem.
Database	(See File)
Data dictionary	A description of the file containing the categories of data that the user requires to produce the desired reports and printed documentation.

Deleted occurrence	An occurrence record that is considered not to be a valid item, such as an error in data entry, and is eliminated from the statistics. It is not actually deleted from the file, but marked to be ignored (this is a security precaution) in the gathering of data.
DNR	Do Not Resuscitate
Equipment problem	Having to do with the quality of the performance or design of equipment used, such as a respirator malfunction or broken wheelchair.
Exception	A valid reason to eliminate an occurrence from being considered for further review, such as planned readmission within 10 days of discharge.
Field	One typed entry of data contained within a computer file. (Several fields make up a file.) Often called a prompt.
File	The computer's method of storing data required by the user. (See Field.) Sometimes also called a database.
Final disposition	The review of an occurrence was completed, corrective action (if any) was taken, and it is considered closed.
Findings	The categorized results of a review, such as optimal or Peer review needed.
Level 1 care	A finding that "Most practitioners would handle case similarly."
Level 2 care	A finding that "Most practitioners might handle case differently."
Level 3 care	A finding that "Most practitioners would handle case differently."
Manager reviewer	A Manager, such as a Service Chief or Chief of Staff, who is asked to review an occurrence for the purpose of taking action.

Medical team	A group of practitioners responsible for the care of the patient as a team.
Menu	A computer display from which the User selects a process for the computer to perform, such as print a report, enter or change data, etc.
NHCU	Nursing Home Care Unit
Occurrence Screen	A process whereby cases are identified which meet specified criteria.
Open occurrence	A record of an occurrence still undergoing the review process.
Option	A menu or one of the items in a menu.
OR	Operating Room
Parameter	A computer term referring to information supplied to the computer by the user in order to set up the programs to perform particular functions required.
Peer reviewer	A Peer or committee of Peers that is asked by the Clinical reviewer to review an occurrence for a practitioner related issue.
Practitioner	A licensed performer of medical services, such as a doctor.
Primary Reason for Clinical Referral	The main purpose that a record is sent for further review, such as Peer, Manager or Committee.
Provider	Any practitioner who is responsible for some portion of the care of the patient.
QM	Quality Management
Queue	The process by which computer programs are scheduled to run at specific times.
Reopen	In the event that an occurrence is closed or deleted prematurely or in error, this function will reopen it for review.

Resident/provider	Any practitioner considered in "resident" status by the facility and is responsible for the care of the patient involved in an occurrence.
Review level	A level in the review process. The levels used in Occurrence Screening are Clinical, Peer, Manager and Committee.
RM	Risk Management
Run dates	The dates on which Auto Enrollment ran.
Second level review	As used in this documentation, second level review refers to any Peer review for a practitioner related issue or any committee review for an equipment or system issue.
Severity of outcome	The actual or anticipated injury to the patient, ranging from no injury or disability to death.
Treating specialty	The area of hospital treatment under which the occurrence happened.
Worksheet	A computer-produced sheet containing an organized listing of data that a reviewer needs to enter into the computer. The reviewer can check off findings, actions, etc. It is intended both as a labor-saving device and a method of organizing data in the sequence in which the computer will request input.



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